



## **MOORE COUNTY BOARD OF COMMISSIONERS**

**TUESDAY, AUGUST 2, 2022, 10:30 A.M.**

### **REGULAR MEETING**

#### **CALL TO ORDER**

**INVOCATION** – *Pastor Jim Boyte, Good News Community Church*

**PLEDGE OF ALLEGIANCE** – *Rachel Patterson, GIS Manager*

**I. PUBLIC COMMENT PERIOD** *(Procedures are attached to agenda.)*

**II. ADDITIONAL AGENDA**

**CHAIRMAN** – *Does any Commissioner have a conflict of interest concerning agenda items the Board will address in this meeting?*

**III. APPROVAL OF CONSENT AGENDA**

*All items listed below are considered routine and will be enacted by one motion. No separate discussion will be held except on request of a member of the Board of Commissioners.*

- A. Minutes: July 18, 2022, Special Meeting
- B. Minutes: July 19, 2022, Regular Meeting
- C. Budget Amendments
- D. FY23 Memorandum of Understanding between Aging and Transportation
- E. FY23 Home and Community Care Block Grant Funding Plan

**IV. RECOGNITIONS**

**V. PRESENTATIONS**

- A. Parks & Recreation – ADA Playground *(Larry Caddell, Parks & Recreation Advisory Committee Chairman / Josh Hammond, Cunningham Recreation)*
- B. Health – Environmental Health Update *(Matt Garner, Interim Health Director)*

**VI. PUBLIC HEARINGS**

- A. Call to Public Hearing/GIS – Amendment to the Road Name and Addressing Ordinance to Add Six Roads *(Rachel Patterson, GIS Manager)*

- B. Call to Public Hearing/Planning – Conditional Rezoning Request: RA-40 and B-2 to B2-CZ – US Hwy 15/501 (*Debra Ensminger, Planning Director*)
- C. Call to Public Hearing/Planning – Conditional Rezoning Request: RA to RA-CZ – NC Hwy 22 (*Debra Ensminger, Planning Director*)

## **VII. OLD BUSINESS**

## **VIII. NEW BUSINESS**

- A. Planning – Request for Approval of FY23 Urgent Repair Program and Associated Documents (*Debra Ensminger, Planning Director*)
- B. Finance – Request for Approval of Memorandum of Agreement with Moore County Schools and Sandhills Center (*Caroline Xiong, Finance Director*)
- C. Finance – Request for Approval of Nonprofit Grant Agreement with Sandhills Center for FY23 (*Caroline Xiong, Finance Director*)
- D. Health – Request for Approval of FY23 Activity 546 Communicable Disease Pandemic Recovery Funding (*Matt Garner, Interim Health Director*)
- E. Health – Request for Approval of FY23 Activity 543 ELC Enhancing Detection Activities Funding (*Matt Garner, Interim Health Director*)
- F. Public Works – Request for Approval of Contract with Chambers Development for Bio-Solids Tipping (*Randy Gould, Public Works Director*)
- G. Legal – Request for Approval of USGA Incentive Agreement Amendment No. 1 (*Misty Leland, County Attorney*)

## **IX. APPOINTMENTS**

- A. Transportation Advisory Board

## **X. ADDITIONAL AGENDA**

## **XI. MANAGER’S REPORT**

## **XII. COMMISSIONERS’ COMMENTS**

## **XIII. CLOSED SESSION – *if necessary***

## **ADJOURNMENT**

**PUBLIC COMMENT PROCEDURES**  
**MOORE COUNTY BOARD OF COMMISSIONERS**

*The Moore County Board of Commissioners is committed to allowing members of the public an opportunity to offer comments and suggestions for the efficient and effective administration of government. In addition to public hearings, a special time is set aside for the purpose of receiving such comments and suggestions. All comments and suggestions addressed to the Board during the Public Comment Period shall be subject to the following procedures:*

- 1. The Public Comment period will be held at the beginning of the Board meeting. The comment period will be limited to a maximum of thirty minutes.*
- 2. Persons who wish to address the Board during the Public Comment Period will register on a sign-up sheet available on the table outside the entrance door to the Commissioners' Meeting Room indicating contact information and topic. Sign-up sheets will be available beginning 30 minutes before the start of the meeting. No one will be allowed to have his/her name placed on the list by telephone request to County Staff.*
- 3. Each person signed up to speak will have three (3) minutes to make his/her remarks. Each person signed up to speak will only be entitled to the time allotted to each speaker and one additional time period which may be yielded to him/her by another individual who has also signed up to speak on a particular topic.*
- 4. Speakers will be acknowledged by the Board Chairperson in the order in which their names appear on the sign-up sheet. Speakers will address the Board from the lectern at the front of the room and begin their remarks by stating their name and address.*
- 5. Public comment is not intended to require the Board to answer any impromptu questions. Speakers will address all comments to the Board as a whole and not one individual commissioner. Discussions between speakers and members of the audience will not be allowed.*
- 6. Speakers will be courteous in their language and presentation. Matters or comments which are harmful, discriminatory or embarrassing to any citizens, official or employee of Moore County shall not be allowed. Speaker must be respectful and courteous in their remarks and must refrain from personal attacks and the use of profanity.*
- 7. Only one speaker will be acknowledged at a time. If the time period runs out before all persons who have signed up get to speak, those names will be carried over to the next Public Comment Period.*
- 8. Any applause will be held until the end of the Public Comment Period.*
- 9. Speakers who have prepared written remarks or supporting documents are encouraged to leave a copy of such remarks and documents with the Clerk to the Board.*
- 10. Speakers shall not discuss any of the following: matters which concern the candidacy of any person seeking public office, including the candidacy of the person addressing the Board; matters which are closed session matters, including but not limited to matters within the attorney-client privilege, anticipated or pending litigation, personnel, property acquisition, matters which are made confidential by law; matters which are the subject of public hearings.*
- 11. Information sheets outlining the process for the public's participation in Board meetings will also be available in the rear of the Commissioner's Meeting Room.*
- 12. Action on items brought up during the Public Comment Period will be at the discretion of the Board.*

*Adopted on the 5<sup>th</sup> day of March 2007 by a 5 to 0 vote of the Moore County Board of Commissioners.*

*Revised on the 7<sup>th</sup> day of April 2015.*

*Revised on the 7<sup>th</sup> day of February 2017.*



**MOORE COUNTY BOARD OF COMMISSIONERS  
SPECIAL MEETING  
MONDAY, JULY 18, 2022, 4:00 P.M.**

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The Moore County Board of Commissioners convened for a Special Meeting at 4:00pm, Monday, July 18, 2022, in the Commissioners' Meeting Room of the Historic Courthouse, 1 Courthouse Sq., Carthage, NC.

**Commissioners Present:**

*Vice Chair Catherine Graham, Jerry Daeke, Otis Ritter, Nick Picerno*

**Commissioners Absent:**

*Chairman Frank Quis*

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Vice Chair Graham called the meeting to order. The purpose of the meeting was to continue a quasi-judicial hearing regarding a request by Tri South Builders, Inc. for a Special Use Permit for a Major Conservation Subdivision Preliminary Plat approval for 53 lots on 73.77 acres, ParID 00034394, located on Union Church Road, Carthage, owned by James and Carolyn Ring, per Deed Book 2368, Page 240. The hearing was originally opened on May 16, 2022, and was continued to June 2, 2022, June 23, 2022, and then to this day, July 18, 2022. Vice Chair Graham gave the floor to County Attorney Misty Leland to continue the proceedings. Witnesses were sworn by the Clerk.

The hearing lasted approximately six hours and it was concluded that it should be continued to another day. Upon motion made by Commissioner Ritter, seconded by Commissioner Picerno, the Board voted 4-0 to continue the hearing to Monday, August 1, 2022, at 4:00pm.

Vice Chair Graham stated for the record that attorneys Michael Parker and Nick Robinson had agreed to Chairman Frank Quis' participation in the hearing and eventual vote. She noted that he could review the records for this meeting from which he was absent with the Clerk.

A transcript of the hearing is hereby incorporated as a part of these minutes by attachment as Appendix A, and documents for the record and the recording are hereby incorporated by reference.

There being no further business, upon motion made by Commissioner Daeke, seconded by Commissioner Ritter, the Board voted 4-0 to adjourn the July 18, 2022, Special Meeting of the Moore County Board of Commissioners at 10:12pm.

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Francis R. Quis, Jr., Chair

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Laura M. Williams, Clerk to the Board





## **MOORE COUNTY BOARD OF COMMISSIONERS**

**TUESDAY, JULY 19, 2022, 5:30 P.M.**

### **REGULAR MEETING**

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The Moore County Board of Commissioners convened for a Regular Meeting at 5:30pm, Tuesday, July 19, 2022, in the Commissioners' Meeting Room of the Historic Courthouse, One Courthouse Square, Carthage, North Carolina.

#### **Commissioners Present:**

Vice Chair Catherine Graham, Jerry Daeke, Nick Picerno, Otis Ritter

#### **Commissioners Absent:**

Chairman Frank Quis

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Vice Chair Graham called the meeting to order and welcomed everyone. She said she would be chairing the meeting this evening, and Chairman Quis had requested she let everyone know he had Covid and was doing well. Pastor Tom Everett of the House of the Lord, Vass provided the invocation and Tax Administrator Gary Briggs led the Pledge of Allegiance.

#### **PUBLIC COMMENT PERIOD**

There were many citizens present to speak regarding the pro-life vs. pro-choice issue recently decided by the Supreme Court of the United States. Upon motion made by Commissioner Picerno, seconded by Commissioner Daeke, the Board voted 4-0 to extend the public comment period by 15 minutes for a total of 45 minutes, to dedicate the first 15 minutes to general public comment, and to alternate the remaining minutes between pro-life and pro-choice comments, otherwise following the Board's established policy. Any time remaining from general comment would be forwarded to pro-life and pro-choice speakers.

The following offered comment:

John Misiaszek (general comments – school safety and economic development)

Bill Hammond (pro-life)

Tim Russell (pro-choice – submitted resolution for the Board's consideration)

Jessica Stephens (pro-life)

Caitlin Sirkin (pro-choice)

Danielle Smith (pro-life)

Amelia Russell (pro-choice)

Charles Garrison (pro-life)  
Danielle Hunter (pro-choice)  
April Nayman (pro-life)  
Michele Cunningham (pro-choice)  
John Rowerdink (pro-life)  
Jeff Marcus (pro-choice)  
Donna Mann (pro-life)

Vice Chair Graham asked whether any commissioner had a conflict of interest concerning agenda items the Board would address in the meeting and there was none.

## **CONSENT AGENDA**

Upon motion made by Commissioner Daeke, seconded by Commissioner Ritter, the Board voted 4-0 to approve the following consent agenda items:

Minutes: June 21, 2022, Regular Meeting  
Minutes: June 23, 2022, 2:30pm, Special Meeting  
Minutes: June 23, 2022, 4:00pm, Special Meeting  
Tax Releases/Refunds – June 2022  
Budget Amendments  
FY23 Agreement with Partners in Progress  
FY23 NC Forest Service Contract  
Health – FY23 Activity 403 WIC Funding  
Planning – Cost Allocation Plan for Community Development Division  
Aging – FY23 Home and Community Care Block Grant Contract  
Public Safety – Purchase of Ambulance Using HGACBuy  
Public Works – Contract for Purchase of Lime Slurry  
Letter of Support for Federal Funding for RDU Runway

The tax releases/refunds resolutions and budget amendments are hereby incorporated as a part of these minutes by attachment as Appendices A and B, respectively.

## **PRESENTATIONS**

### **Workforce Development Realignment**

Moore County Partners in Progress Executive Director Natalie Hawkins presented information to the Board regarding workforce development realignment pursuant to the Workforce Innovation and Opportunity Act of 2014. Following a meeting with a representative of the NC Department of Commerce attended with Chairman Quis and Commissioner Picerno the week prior, Ms. Hawkins was requested to research options and make a recommendation. She shared her recommendation to realign with the Mid-Carolina Workforce Development Board. Commissioner Picerno acknowledged that although the Board had previously adopted a resolution regarding this matter, they had limited information at the time, and he commented regarding the appropriateness of Ms. Hawkins from her position gathering more information and making a recommendation. The deadline of July 31 to make the State aware of the requested change was discussed. Upon motion made by Commissioner Picerno, seconded by Commissioner Daeke, the Board voted 4-0 to proceed with a letter of intent to realign with the Mid-Carolina Workforce Development Board.

## **NEW BUSINESS**

### SRLS – Request for Approval of Sandhill Regional Library System Agreement with Member Counties

Sandhills Regional Library System Director Jesse Gibson presented for the Board's consideration the Sandhill Regional Library System agreement with member counties for the period July 1, 2022, through June 30, 2032, and noted changes from the former agreement. Upon motion made by Commissioner Daeke, seconded by Commissioner Ritter, the Board voted 4-0 to approve the resolution authorizing Moore County as a member of the Sandhill Regional Library System and the agreement entitled Sandhill Regional Library System Agreement with Member Counties for the period of July 1, 2022, through June 30, 2032, and authorize the Chair of the Moore County Board of Commissioners to sign the documents. The resolution and agreement are hereby incorporated as a part of these minutes by attachment as Appendix C.

### Health – Request for Approval of Agreement for FY23 School Nurse Funding Initiative

Interim Health Director Matt Garner presented for the Board's consideration the FY23 school nurse funding initiative agreement. Dr. Seth Powers, Executive Officer for Academic and Student Support Services for Moore County Schools, was also present. Commissioner Picerno inquired regarding the source of the \$50,000 in funds, their purpose, and what happened if they were not used. Mr. Garner shared that these were State funds and would have to be returned if not used. Commissioner Graham asked if \$50,000 covered a nurse's salary and benefits and Mr. Garner said yes, and training needs. Dr. Powers explained that the funds may be applied to different people from year to year. Commissioner Graham asked about part-time options to allow for more nursing staff and Dr. Powers said they did have one part-time and the goal would be to have a nurse in every school. Commissioner Picerno asked if the position was classified or certified staff and Dr. Powers said classified. Commissioner Picerno asked what would happen for that position if the salary scale were decompressed and Dr. Powers said it would hopefully help the position. Commissioner Picerno asked if the funds would cover it and Dr. Powers indicated they would find the funds. Commissioner Picerno asked if it was part of Fund 8 and Dr. Powers said yes. Upon motion made by Commissioner Picerno, seconded by Commissioner Daeke, the Board voted 4-0 that Chairman Quis provide his signature for the contract agreement between the County of Moore and Moore County Schools in the provision of funds in the amount of \$50,000 to support one or more nationally certified school nurses (or registered nurses working toward certification) to provide school nursing services for the 2022-2023 school year.

### Social Services – Request for Approval of Memorandum of Understanding with NC Department of Health and Human Services

Social Services Director Tammy Schrenker presented a Memorandum of Understanding with the NC Department of Health and Human Services for the Board's consideration. She said this was the third MOU the County was requested to sign. Commissioner Picerno inquired whether the County had ever not met the performance measures. Ms. Schrenker explained that it had not been an issue and the only challenge they had experienced was with special assistance as they had very few of those applications. Commissioner Picerno asked for confirmation that there had never been any financial impact to the taxpayers and Ms. Schrenker said that was correct. Upon motion made by Commissioner Ritter, seconded by Commissioner Picerno, the Board voted 4-0 to approve the MOU.

### Tax – Request for Approval of Settlement Reports for 2021-2022

Tax Administrator Gary Briggs presented the tax settlement reports for FY22. Mr. Briggs shared that this year's was the highest collection rate ever achieved at 99.74% and that for over thirty years the collection rate had been over 99%, a State record. Mr. Briggs and the Board expressed thanks to the citizens, tax staff and

everyone involved in this success. Upon motion made by Commissioner Ritter, seconded by Commissioner Daeke, the Board voted 4-0 to accept the preliminary reports as required by N.C.G.S. 105-373 and to enter the insolvents list into the official minutes of the Board of Commissioners, to accept the settlement report of current and delinquent real and personal property taxes for 2021-2022, to accept the minimal tax bill report for 2021-2022, and by resolution charge the Tax Administrator with the collections of the delinquent real and personal property taxes. The referenced documents are hereby incorporated as a part of these minutes by attachment as Appendix D.

#### Tax – Request for Charge of 2022-2023 Tax Levy

Upon motion made by Commissioner Daeke, seconded by Commissioner Ritter, the Board voted 4-0 to charge the Tax Administrator with the collections of all real, personal, public service company, and motor vehicle taxes for the 2022-2023 levy year, and with the collections of all delinquent real, personal, public service company, and motor vehicle taxes. A copy of the order is hereby incorporated as a part of these minutes by attachment as Appendix E.

#### Planning – Request for Planning and Inspections Fee Schedule Change

Planning Director Debra Enslinger presented for the Board's consideration a recommended change to the fee schedule for Planning and Inspections to be effective July 1, 2022. The subject penalty fee was intended to be included with the adopted budget. Discussion followed regarding the impact of the fee. Upon motion made by Commissioner Picerno, seconded by Commissioner Daeke, the Board voted 4-0 to approve the FY2022-2023 fee schedule change for FY2022-2023 for Planning and Inspections to be effective July 1, 2022. The amended fee schedule is hereby incorporated as a part of these minutes by attachment as Appendix F.

#### Legal – Request for Adoption of Resolution Requesting the NC General Assembly to Change the State's Allotment of Enhancement Teachers

County Attorney Misty Leland reviewed a resolution the Board had tabled from its previous regular meeting in order to address some unanswered questions, which were now indicated to have been resolved. Commissioner Picerno offered comment and shared he had spoken directly with the Moore County Schools superintendent about it, who had indicated this recommended change could be most helpful to the Schools. Upon motion made by Commissioner Picerno, seconded by Commissioner Ritter, the Board voted 4-0 to adopt the resolution requesting the NC General Assembly to revise G.S. 115C-301(c2) entitled, Program Enhancement Teacher Allotment for K-5<sup>th</sup> grade, authorizing a K-8<sup>th</sup> grade allotment instead of through 5<sup>th</sup> grade, and have the Clerk send it to the school board, and ask that the superintendent send it to the NC Association of Superintendents, and to submit it to the NC Association of County Commissioners. The resolution is hereby incorporated as a part of these minutes by attachment as Appendix G.

### **APPOINTMENTS**

#### Agricultural Advisory Board

Upon motion made by Commissioner Picerno, seconded by Commissioner Ritter, the Board voted 4-0 to reappoint Glenn Bradley, Tim McDonald, Doug Reagan, and Reid Whitaker to the Agricultural Advisory Board for three-year terms expiring July 31, 2025.

### Board of Health

Upon motion made by Commissioner Picerno, seconded by Commissioner Daeke, the Board voted 4-0 to appoint David Williams as an at-large member to the Moore County Board of Health for a three-year term commencing August 1, 2022, and expiring July 31, 2025.

### Juvenile Crime Prevention Council

Upon motion made by Commissioner Graham, seconded by Commissioner Picerno, the Board voted 4-0 to appoint Abbagayle Wood to the Juvenile Crime Prevention Council for a two-year term expiring July 31, 2024.

### Nursing and Adult Care Home Community Advisory Committee

Upon motion made by Commissioner Ritter, seconded by Commissioner Picerno, the Board voted 4-0 to reappoint Jeffrey Mercer, Madeline Mercer, Barbara Hainline, and Silva Porter-Deal to the Nursing and Adult Care Home Community Advisory Committee for three-year terms.

## **COMMISSIONERS' COMMENTS**

Commissioner Picerno inquired with County Attorney Misty Leland about whether a resolution adopted regarding abortion would have any legal effect that could put citizens at risk. Ms. Leland said it depended. Commissioner Picerno asked if they worked through her if they could put one together that would not jeopardize anyone, and Ms. Leland said yes.

Commissioner Picerno discussed that the School Resource Officer issue was for the school board and said he wanted to make them aware there was State funding of up to \$25 million available for SROs. He also asked the County Manager to contact the Superintendent and find out if there was any ESSR funding.

Commissioner Picerno thanked the Tax Department, which he said was amazing.

Commissioner Graham reiterated the appreciation to the Tax Department. She also thanked everyone who attended the meeting and invited to come back anytime.

## **ADJOURNMENT**

There being no further business, upon motion made by Commissioner Ritter, seconded by Commissioner Daeke, the Board voted 4-0 to adjourn the July 19, 2022, Regular Meeting of the Moore County Board of Commissioners at 7:17pm.

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Francis R. Quis, Jr., Chairman

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Laura M. Williams, Clerk to the Board

**MEMORANDUM TO BOARD OF COMMISSIONERS:**

**FROM:** Caroline L. Xiong, Finance Director

**DATE:** 07/25/2022

**SUBJECT:** Budget Amendments

**PRESENTER:** Caroline L. Xiong

**REQUEST:**

Approve the attached budget amendments and accept any grant funds awarded to the County associated with the budget amendment.

**BACKGROUND:**

The NC General Statutes provide for the County to make amendments to the budget during the fiscal year. The budget should be amended to reflect the changing financial opportunities and adjustments that occur after the budget is adopted. Attached are detailed explanations of each amendment. The amendments are:

	Department / Fund	Amount	Sources of Revenue	Justification	Journal
1.	Public Safety	\$1,000 increase	2022 NC Tier II Grant	Used to support hazardous materials emergency planning, training, and related exercises	20007
2.	Public Safety	\$24,300 increase	Town of Southern Pines/Women's US Open	Used to purchase equipment and supplies for the Women's US Open	20008
3.	Health	\$177,925 increase	Federal American Rescue Plan Act (ARPA)	546 CD Pandemic Recovery Grant	20004

**IMPLEMENTATION PLAN:**

N/A

**FINANCIAL IMPACT STATEMENT:**

The overall effect is to increase/decrease the revenue and expenditures in the Multi-Year Grants Fund for \$178,925, Public Safety/EMS Fund for \$24,300 and to authorize the County Manager to proceed with the amendments and any actions required as a result.

**RECOMMENDATION SUMMARY:**

Recommend a motion to approve the following budget amendments as stated and accept any grant funds awarded to the County associated with the budget amendment.

**SUPPORTING ATTACHMENTS:**

The following budget amendments and supporting information are attached:

## Fiscal Year 2022/2023

Budget Line Item Number	Budgeted Amount	Increase/ (Decrease)	Revised Budget
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### Public Safety - 2022 NC Tier II Grant

Revenue	24033010 36173 PS231 2022 LEPC Tier II	-	1,000	1,000
Expense	24021010 53942 PS231 2022 LEPC Tier II	-	1,000	1,000

Approved this \_\_\_\_\_ day of \_\_\_\_\_, 2022

\_\_\_\_\_  
Frank Quis  
Moore County Board of Commissioners

\_\_\_\_\_  
Laura Williams  
Clerk to the Board

## **Budget Amendment Staff Report**

**Department:** Public Safety

**Increase or Decrease of Amount of Funding:** Increase Revenue by \$1,000.00 in budget code 24033010-36173 PS 231 and increase Expenditure by \$1,000.00 in budget code 24021010-53942 PS 231

**Source(s) of Funding:** 2022 NC Tier II Grant

**Justification (please be specific):** Grant funding will be used to support hazardous materials emergency planning, training, and related exercises through Local Emergency Planning Committee (LEPC).



## Fiscal Year 2022/2023

Budget Line Item Number	Budgeted Amount	Increase/ (Decrease)	Revised Budget
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Public Safety - Town of Southern Pines/Women's US Open

Revenue	20019000 32950	Appropriated Fund Balance	-	24,300	24,300
Expense	20048000 52601	Operating Supplies	281,500	24,300	305,800

Approved this \_\_\_\_\_ day of \_\_\_\_\_, 2022

\_\_\_\_\_  
Frank Quis  
Moore County Board of Commissioners

\_\_\_\_\_  
Laura Williams  
Clerk to the Board

## **Budget Amendment Staff Report**

**Department:** Public Safety/EMS

**Increase or Decrease of Amount of Funding:** Increase Revenue by \$24,300.00 in budget code 20019000-32950 and increase Expenditure by \$24,300.00 in budget code 20048000-52601.

Re-appropriation from FY22 Fund Balance since funds were not received prior to June 30<sup>th</sup>, 2022.

**Source(s) of Funding:** Town of Southern Pines/Women's US Open

**Justification (please be specific):** The funds will be utilized for EMS to purchase equipment and supplies utilized for the Women's US Open held May 30<sup>th</sup> – June 5<sup>th</sup>, 2022.

## Fiscal Year 2022/2023

Budget Line Item Number	Budgeted Amount	Increase/ (Decrease)	Revised Budget
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### Health - Federal American Rescue Plan Act (ARPA)

Revenue	24032071 36722	546 CD Pandemic Recovery Grant	177,925	177,925	355,850
Expense	24039071 54148	546 CD Pandemic Recovery Grant	177,925	177,925	355,850

Approved this \_\_\_\_\_ day of \_\_\_\_\_, 2022

\_\_\_\_\_  
Frank Quis  
Moore County Board of Commissioners

\_\_\_\_\_  
Laura Williams  
Clerk to the Board

## **Budget Amendment Staff Report**

### **Department:**

Health

### **Increase or Decrease of Amount of Funding:**

Increase Revenue 24032071-36722 Communicable Disease Pandemic Recovery Grant \$177,925

Increase Expense 24039071-54148 Communicable Disease Pandemic Recovery Grant \$177,925

### **Source(s) of Funding:**

The federal American Rescue Plan Act (ARPA) enacted on March 11, 2021, provides relief to address the continued impact of COVID-19 on the economy, public health, state and local governments, individuals, and businesses. All funds made available through Activity 546 Communicable Disease Pandemic Recovery Grant are to support obligations and expenditures through December 31, 2024. Unspent funds will carry forward until the federal grant period end date

There is a FY22 carryforward amount of \$177,925 to FY23 that shows in the County of Moore ERP System (Munis) for this grant. NCDHHS awarded an additional \$177,925 on the FY23 Addendum Agreement for a total FY23 grant amount of \$355,850.

### **Justification (please be specific):**

The Activity 546 General Communicable Disease Pandemic Recovery grant is intended to assist local health departments to return to, and in some instances exceed, pre-pandemic service delivery for other communicable diseases.

To ensure the community's health and to achieve equitable health outcomes, the Local Health Department (LHD) will expand essential public health services to control communicable diseases in their community. Services provided will include communicable disease surveillance, investigation, detection, control, reporting, and prevention activities at the local level to address the COVID-19 public health emergency and other communicable disease challenges impacted by the COVID-19 pandemic.

To ensure the effective delivery of these services, recommended LHD activities include:

1. Enhancing workforce capacity by hiring temporary staff with knowledge in communicable disease, public health, public health nursing, or other applicable fields in order increase the number of fulltime equivalent employees.
2. Providing staff training opportunities including, but not limited to, training staff on applicable systems and databases (NC EDSS, NC COVID) to improve LHD capacities to effectively conduct surveillance, investigation, detection, control, and prevention of communicable diseases.
3. Advancing data infrastructure by purchasing software and equipment that enhance or expand data management and infrastructure, including systems designed for flexible data collection, reporting, and analysis.
4. Supporting community partners by offering appropriate meetings, webinars, and educational opportunities.
5. Engaging community partners by referring clients to relevant and applicable resources.
6. Engaging community partners by developing and disseminating educational resources.
7. Other operational activities in addition to those listed above, including the expenses incurred in conduct or support of those activities.

**Agenda Item: III.D.**  
**Meeting Date:08/02/2022**

**MEMORANDUM TO THE MOORE COUNTY BOARD OF COMMISSIONERS:**

**FROM:** Terri Prots, Aging Services Director  
**DATE:** July 26, 2022  
**SUBJECT:** MOU between Aging and MCTS  
**PRESENTER:** Terri Prots, Aging Services Director

**REQUEST:**

Approve MOU between Aging and MCTS for transportation services in FY 23.

**BACKGROUND:**

MCTS and Aging have a long history of working together to provide transportation services to Moore County residents aged 60 and over.

**FINANCIAL IMPACT:**

A Not to Exceed Amount of \$240,000 has been requested with a rate of \$1.90 per mile.

**IMPLEMENTATION PLAN:**

A seamless transition to services began Friday, July 1, 2022.

**RECOMMENDATION SUMMARY:**

Approve MOU between Aging and MCTS for transportation services in FY 23.

**ATTACHMENTS:**

MOU

**STATE OF NORTH CAROLINA**

**MEMORANDUM OF UNDERSTANDING**

**COUNTY OF MOORE**

**THIS MEMORANDUM OF UNDERSTANDING** is entered into the 1st day of July, 2022, between the Moore County Department of Aging ("AGING") and Moore County Transportation Services ("MCTS").

**WITNESSETH:**

**WHEREAS**, AGING receives grants and local funds to pay for transportation services for AGING's clients; and

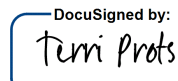
**WHEREAS**, MCTS provides transportation services within the County of Moore and the surrounding areas.

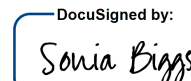
**NOW, THEREFORE**, in consideration of the mutual promises set forth herein, the parties understand and agree as follows:

1. AGING will utilize MCTS as the primary transportation vendor for transportation of AGING's clients.
2. AGING will comply with MCTS policies and procedures for scheduling and cancelling trips.
3. AGING will pay MCTS at the rate of **\$1.90 per mile** not to exceed **\$240,000.00**.
4. In the event that a scheduled client is a No-Show, AGING will be charged the client's pro rata share for the scheduled trip. The definition of a No-Show is a client is scheduled for pickup by MCTS; the client, for any reason other than medical circumstances for self and family, is either not at the appointed address or refuses the scheduled trip; and MCTS was not notified 24 hours prior to the requested appointment time.
5. AGING will be responsible to review invoices and notify MCTS of any discrepancies within ten (10) days of the date of each monthly invoice. After ten (10) days, if no discrepancies are reported to MCTS, all charges will be deemed accurate and will be the responsibility of AGING.
6. AGING will remit payment to MCTS for transportation services within fifteen (15) days of the date of each monthly invoice.
7. MCTS will ensure that all drivers are of legal age and licensed to operate the specific vehicle used in transporting clients.

8. MCTS will ensure that all vehicles transporting clients will have at least the minimum level of liability insurance appropriate for the type of vehicle.
9. MCTS will be compliant with and adhere to all applicable Federal and State laws.
10. MCTS will invoice AGING monthly for services rendered.
11. The term will be from July 1, 2022 through June 30, 2023.
12. This Memorandum of Understanding is subject to the availability of funds.
13. This Memorandum of Understanding may be terminated by either party upon thirty (30) days' written notice to the other.

**IN WITNESS WHEREOF**, the parties have executed this Memorandum of Understanding as of the date first written above.

DocuSigned by:  
  
66C2C405E1FF4AA...  
Terri Prots  
Aging Services Director

DocuSigned by:  
  
082EF68F37264FE...  
Sonia Biggs  
Moore County Transportation Director

\_\_\_\_\_  
Francis R. Quis, Jr., Chairman  
Board of Commissioners

**Attest:**

\_\_\_\_\_  
Laura M. Williams  
Clerk to the Board

### **PREAUDIT CERTIFICATE**

This instrument has been preaudited in the manner required by the Local Government Budget and Fiscal Control Act.

DocuSigned by:  
  
1559291633E944E...  
Caroline Xiong  
Finance Officer

**MEMORANDUM TO BOARD OF COMMISSIONERS:**

**FROM:** Terri Prots, Aging Services Director   
Tom Lamkin, Chairman, Aging Advisory Council/Block Grant Committee

**DATE:** July 22, 2022

**SUBJECT:** FY 22/23 Home and Community Care Block Grant

**REQUEST:**

We request to approve the FY 2022/2023 Home and Community Care Block Grant (HCCBG) funds totaling \$841,902 to fund the following services: Transportation (Medical and General/Nutrition), Nutrition (Congregate and Home Delivered Meals), In-Home Aide Services (Levels I and II), and Senior Center Operations. The required local match is \$93,545.

**BACKGROUND:**

North Carolina General Statute 143B-181.1(a) (11) establishes a Home and Community Care Block Grant for Older Adults to be administered by the North Carolina Division of Aging. This legislation is the result of a recommendation made by the Department of Human Resources (DHR) Advisory Committee on Home and Community Care, a broad based state level advisory committee established in 1989 by North Carolina General Statute 143B-181.9A.

**IMPLEMENTATION PLAN:**

Services will be provided with a seamless transition with the new fiscal year beginning July 1, 2022.

**FINANCIAL IMPACT STATEMENT:**

The FY 22/23 Home and Community Care Block Grant has a required match of \$93,545 which is already accounted for in the Aging budget.

**RECOMMENDATION SUMMARY:**

Authorize approval of the FY 22/23 Home and Community Care Block Grant funds totaling \$841,902 and authorize the Chairman to sign on the County's behalf.

**SUPPORTING ATTACHMENTS:**

HCCBG Budget packet:

- Provider checklist
- DOA 730 – County Funding Plan
- DOA 731 – County Services Summary Funding Plan
- DOA 732 – Provider Services Summary
- DOA 732A – Service Cost Computation Worksheet
- DOA 732A1 – Labor Distribution Schedule
- Certification of required minimum local match
- In Home Supplement
- DOA 733 – HCCBG Methodology
- DOA 734 – Community Service Provider Standard Assurances
- In Home Assurance
- List of subcontractors





TRIANGLE J COUNCIL OF GOVERNMENTS  
Area Agency on Aging

PROVIDER CHECKLIST FOR HCCBG FUNDING

All Community Service Providers will complete and submit this checklist with the appropriate documents to TJAAA. Please use the following address:

TJCOG AAA  
Attn: Mary Warren  
4307 Emperor Blvd., Suite 110  
Durham, NC 27703

- Worksheet* ✓
- |                                     |                            |   |
|-------------------------------------|----------------------------|---|
| <input type="checkbox"/>            | Provider Name:             | Moore County Department of Aging _____  |
| <input checked="" type="checkbox"/> | DOA-730                    | <b><u>Lead Agency Only:</u></b> Lead Responsibility for County Funding Plan   |
| <input checked="" type="checkbox"/> | DOA-731                    | <b><u>Lead Agency Only:</u></b> County Services Summary   |
| <input type="checkbox"/>            | DOA-732                    | Provider Services Summary   |
| <input checked="" type="checkbox"/> | DOA-732A                   | Service Cost Computation Worksheet to support development of DOA-732  |
| <input checked="" type="checkbox"/> | DOA-732A1                  | Labor Distribution Schedule   |
| <input checked="" type="checkbox"/> | TJCOG AAA Form Resources   | Certification of Required Minimum Local Match Availability and Other  |
| <input checked="" type="checkbox"/> | 732 In-Home Sup            | <b><u>In-Home Providers Only:</u></b> In-Home Aide Supplement   |
| <input checked="" type="checkbox"/> | DOA-733                    | Provider Methodology to Address Service Needs of Low Income, Rural Elderly and Elderly with Limited English Proficiency                     |
| <input checked="" type="checkbox"/> | DOA-734                    | Community Service Provider Standard Assurances  |
| <input checked="" type="checkbox"/> | In-Home Assurance          | <b><u>In-Home Providers Only:</u></b> Standard Assurance to Comply with Older Americans Act Requirements Regarding Client Rights            |
| <input checked="" type="checkbox"/> | Subcontracts & Exhibit 14A | List of Subcontractors (Exhibit 14A) and the subcontracts, which must be approved by the AAA prior to the beginning of the new fiscal year. |

Allocation Amount: \$841,902 \_\_\_\_\_

**The County Funding Plan is based on a 12 month funding cycle from July 1 through June 30.**

**Most forms listed above can be found at <http://www.ncdhhs.gov/aging/cobudget/cobudgdn.htm>.**

**Home and Community Care Block Grant for Older Adults**  
**County Funding Plan**

Identification of Agency or Office with Lead Responsibility for County Funding Plan

County Moore July 1, 2022 through June 30, 2023

The agency or office with lead responsibility for planning and coordinating the County Funding Plan recommends this funding plan to the Board of Commissioners as a coordinated means to utilize community-based resources in the delivery of comprehensive aging services to older adults and their families.

Moore County Department of Aging  
(Name of agency/office with lead responsibility)

\_\_\_\_\_  
Authorized signature (date)

Frank Quis, Chair  
Moore County Board of Commissioners  
(Type name and title of signatory agent)



Moore County Department of Aging

PO Box 487

Carthage, NC 28327

Home and Community Care Block Grant for Older Adults

County Funding Plan

Provider Services Summary

DAAS-732

County: Moore

Budget Period: July 2022 through June 2023

Revision #: Date:

Services	Serv. Delivery		A				B	C	D	E	F	G	H	I
	(Check One)		Block Grant Funding				Required Local Match	Net Service Cost	NSIP Subsidy	Total Funding	Projected HCCBG Units	Projected Reimburse Rate	Projected HCCBG Clients	Projected Total Units
	Direct	Purchase	Access	In-Home	Other	Total								
Transportation (Medical)		x	\$ 100,000	\$ -	\$ -	\$ 100,000	\$ 11,111	\$ 111,111	\$ -	\$ 111,111	4,687	\$ 23.7045	175	4,700
Transportation (General)		x	\$ 144,000	\$ -	\$ -	\$ 144,000	\$ 16,000	\$ 160,000	\$ -	\$ 160,000	5,993	\$ 26.7000	100	6,000
Congregate Nutrition	x		\$ -	\$ -	\$ 35,000	\$ 35,000	\$ 3,889	\$ 38,889	\$ 2,480	\$ 41,369	3,076	\$ 12.6416	70	3,100
Home Delivered Meals	x		\$ -	\$ 15,000	\$ -	\$ 15,000	\$ 1,667	\$ 16,667	\$ 1,915	\$ 18,582	2,324	\$ 7.1708	60	2,394
Senior Center Operation	x		\$ -	\$ -	\$ 157,902	\$ 157,902	\$ 17,545	\$ 175,447	\$ -	\$ 175,447	-	\$ -	200	-
In-Home Aide-Level I - Home Management	x		\$ -	\$ 135,000	\$ -	\$ 135,000	\$ 15,000	\$ 150,000	\$ -	\$ 150,000	3,764	\$ 39.8462	75	3,900
In-Home Aide-Level II - Personal Care	x		\$ -	\$ 255,000	\$ -	\$ 255,000	\$ 28,333	\$ 283,333	\$ -	\$ 283,333	5,956	\$ 47.5722	70	6,000
0			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -		-
0			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -		-
0			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -		-
0			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -		-
0			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -		-
0			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -		-
0			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -		-
Total			\$ 244,000	\$ 405,000	\$ 192,902	\$ 841,902	\$ 93,545	\$ 935,447	\$ 4,395	\$ 939,842	25,801		750	26,094

Certification of required minimum local match availability.  
Required local match will be expended simultaneously  
with Block Grant Funding.

Devin H. Rots Director7/22/22

Authorized Signature, Title  
Community Service Provider

Date

Signature, County Finance Officer

Date

Signature, Chairman, Board of Commissioners

Date



## DAAS-732A

<b>A. Projected Revenues</b>	
A. Fed/State Funding From the Div. of Aging & Adult Svcs.	
Required Minimum Match - Cash	
1)	county match
2)	
3)	
Total Required Minimum Match - Cash	
Required Minimum Match - In-Kind	
1)	
2)	
3)	
Total Required Minimum Match - In-Kind	
<b>B. Total Required Minimum Match (cash + in-kind)</b>	
<b>C. Subtotal, Fed/State/Required Match Revenues</b>	
D. NSIP Cash Subsidy/Commodity Valuation	
<b>E. OAA Title V Worker Wages, Fringe Benefits and Costs</b>	
Local Cash, Non-Match	
1)	
2)	
3)	
4)	
<b>F. Subtotal, Local Cash, Non-Match</b>	
Other Revenues, Non-Match	
1)	
2)	
3)	
<b>G. Subtotal, Other Revenues, Non-Match</b>	
Local In-Kind Resources (Includes Volunteer Resources)	
1)	
2)	
3)	
<b>H. Subtotal, Local In-kind Resources, Non-Match</b>	
<b>I. Client Cost Sharing</b>	
<b>J. Total Projected Revenues (Sum I,C,D,E,F,G,H, &amp; I)</b>	

[illegible]

**II. Line Item Expenses**  
**Staff Salary From Labor Distribution Schedule**  
 1) Full-time Staff (do not include Title V workers)  
 2) Part-time staff (do not include Title V workers)  
**A. Subtotal, Staff Salary**  
**Fringe Benefits**  
 1) FICA @ 7.65 %  
 2) Health Insurance  
 3) Retirement  
 4) Unemployment Insurance  
 5) Worker's Compensation  
 6) Other  
**B. Subtotal, Fringe Benefits**  
**Local In-Kind Resources: Non-Match**  
 1)  
 2)  
 3)  
**C. Subtotal, Local In-Kind Resources: Non-Match**  
**D. OAA Title V Worker Wages, Fringe Benefits and Costs**  
**Travel**  
 1) Per Diem  
 2) Mileage Reimbursement  
 3) Other Travel Cost  
**E. Subtotal, Travel**  
**General Operating Expenses**  
 1) catering/transportation contract  
 2) supplies  
 3) telephone  
 4) dues and subscriptions  
 5) Area Agency on Aging Assessment  
 6)  
 7)  
 8)

[illegible]



- LABOR DISTRIBUTION SCHEDULE DAAS-732A1

AGENCY NAME: Moore County Department of Aging  
State Fiscal Year: SFY 2022-2023

Fiscal Period: July 2022 through June 2023

[illegible]



**TRIANGLE J COUNCIL OF GOVERNMENTS**  
Area Agency on Aging

**CERTIFICATION OF REQUIRED MINIMUM LOCAL MATCH AVAILABILITY**

Date: July 20, 2022

Fiscal Year: 23

Agency: Moore County Department of Aging

Service: Nutrition, Transportation, In Home Aide, Senior Center Operations

Itemization of Commitment:

Required Local Match (total must agree to amount in the Funding Plan)

1. Cash of: \$93,545 provided by: County of Moore  
Cash of: \_\_\_\_\_ provided by: \_\_\_\_\_  
Cash of: \_\_\_\_\_ provided by: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Total Local Match: \$93,545 \_\_\_\_\_

It is understood that funds committed as required minimum local match will be used to match the Home and Community Care Block Grant appropriation and will not be used to match any other federal or state funds during the contractual period.

Name and Title: Frank Quis, Chair, Moore County Board of Commissioners

Signature: \_\_\_\_\_

Moore County Department of Aging

Supplement to Provider Services Summary

Name of Community Service Provider

In-Home Services Detail

Revision # \_\_\_\_\_

DAAS-732 Supplement (Effective: 7/08)

July 1, 2022 through June 30, 2023

In-Home Services	A	B	C	F	G	H
	HCCBG In-Home Funding	Required Local Match	Net Service Cost	Projected HCCBG Units	Projected Reimbursement Rate	Projected HCCBG Clients
Level I - 235 Respite		0	0			
Level I - 041 H Mgmt	\$ 135,000	15000	150000	3764	39.8462	75
Subtotal Level I	135000	15000	150000			
Level II - 236 Respite		0	0			
Level II - 042 PC	255000	28333	283333	6000	47.5722	70
Level II - 043 H Mgmt		0	0			
Subtotal Level II	255000	28333	283333			
Level III - 237 Respite		0	0			
Level III - 044 H Mgmt		0	0			
Level III - 045 PC		0	0			
Subtotal Level III	0	0	0	0		0
Level IV - 238 Respite		0	0			
Level IV - 046 H Mgmt		0	0			
Subtotal Level IV	0	0	0	0		0
Total	390000	43333	433333	0		



Director, Moore County Dept. of Aging

7/22/22

Authorized Signature

Title

Date

Community Service Provider



**Home and Community Care Block Grant for Older Adults**

**County Funding Plan**

**July 1, 2022 through June 30, 2023**

Methodology to Address Service Needs of Low Income (Including Low-Income Minority Elderly), Rural Elderly and Elderly with Limited English Proficiency  
(Older Americans Act, Section 305(a)(2)(E))

Community Service Provider Moore County Department of Aging

County Moore

The Older Americans Act requires that the service provider attempt to provide services to low-income minority individuals in accordance to their need for aging services. The community service provider shall specify how the service needs of low income, **low-income (including low income minority elderly), rural elderly and elderly with limited English proficiency** will be met through the services identified on the Provider Services Summary (DAAS-732). This narrative shall address outreach and service delivery methodologies that will ensure that this target population is adequately served and conform with specific objectives established by the Area Agency on Aging, for providing services to low income minority individuals. Additional pages may be used as necessary.

Nearly 30% of Moore County’s population is over the age of 60, the state average is 18.6%. Of those older adults, over 11% are people aged 60+ and considered poor; more than 8.5% are minority; and more than 59% are considered rural. With this in mind, the services of the Department of Aging focus on those “at-risk” and in need of HCCBG services.

Outreach efforts such as speaking engagements, public service announcements, participation in wellness/information fairs and various support groups, a newsletter, print mediums, and word of mouth are made to raise awareness about the services of the Department of Aging and the Senior Enrichment Center. Additional marketing efforts are made to those who are poor, minority, and/or live in rural areas in order to comply with Center of Excellence requirements.

Concentrated efforts via MIPPA grants to reach those with low income, live in rural areas, and possess mental and physical disabilities allow us to further market our services. An established volunteer program keeps us in touch with various local non-profits. Finally, collaborative efforts allow us to reach various age and socio-demographic populations.

The staff of the Aging Department works closely with staff of the Dept. of Social Services, particularly Adult protective Services, in order to serve those with acute and immediate needs. In addition, the Aging Departments also supports the efforts of the Regional Ombudsman and her Community Advisory Committee. A 7-member Aging Advisory Council plays an important role in guiding the delivery of services and programs. Their input is provided on a bi-monthly basis and can be called upon whenever needed.

**July 1, 2022 through June 30, 2023**  
**Home and Community Care Block Grant for Older Adults**  
**Community Service Provider**  
**Standard Assurances**

Community Service Provider Moore County Department of Aging  
agrees to provide services through the Home and Community Care Block Grant, as specified on  
the Provider Services Summary (DAAS-732) in accordance with the following:

1. Services shall be provided in accordance with requirements set forth in:
  - a. The County Funding Plan
  - b. The Division of Aging and Adult Services Home and Community Care Block Grant Procedures Manual for Community Service Providers
  - c. The Division of Aging and Adult services standards at <https://www.ncdhhs.gov/divisions/daas/monitoring>

Community service providers shall monitor any subcontracts with providers of Block Grant services and take appropriate measures to ensure that services are provided in accordance with the aforementioned documents.

2. Priority shall be given to providing services to those older persons with the greatest economic or social needs. The service needs of low-income minority older adults will be addressed in the manner specified on the Outreach Methodology to Address Service Needs of Target Population (DAAS-733).
3. The following service authorization activities will be carried out in conjunction with all services provided through the Block Grant:
  - a. Eligibility determination
  - b. Client intake/registration
  - c. Client assessment/reassessments and quarterly visits, as appropriate
  - d. Determination of the amount of services to be received by the client
  - e. Review of consumer contributions policies with eligible clients
4. All licenses, permits, bonds, and insurance necessary for carrying out Block Grant Services will be maintained by the community service provider and any subcontracted providers.

5. As specified in 45 CFR 75, Subpart D-Post Federal Award Requirements, Procurement Standards, community service providers shall have procedures for settling all contractual and administrative issues arising out of procurement of services through the Block Grant. Community service providers shall have procedures governing the evaluation of bids for services and procedures through which bidders and subcontracted providers may appeal or dispute a decision made by the community service provider.
6. Applicant/client appeals shall be addressed as specified in Section 7 of the Division of Aging and Adult Services Home and Community Care Block Grant Manual for Community Service Providers.
7. Community service providers are responsible for providing or arranging for the provision of required local match, as specified on the Provider Services Summary, (DAAS-732). Local match shall be expended simultaneously with Block Grant funding.
8. Community service providers agree to comply with audit and fiscal reporting requirements as specified in the Agreement for the Provision of County-Based Aging Services (DAAS-735).
9. Compliance with Equal Employment Opportunity and Americans with Disabilities Act requirements, as specified in paragraph fourteen (14) of the Agreement for the Provision of County-Based Aging Services (DAAS-735) shall be maintained.
10. Providers of In-Home Aide, Home Health, Housing and Home Improvement, and Adult Day Care or Adult Day Health Care shall sign and return the attached assurance to the area agency on aging indicating that recipients of these services have been informed of their client rights, as required in Section 314 of the Older Americans Act (DAAS-734 Standard Assurances Regarding In-Home Client Rights).
11. Subcontracting – All HCCBG community service providers must assure that subcontractors (for-profit and non-profit entities only) meet the following requirements:
  - a. The subcontractor has not been suspended or debarred. ([N.C.G.S. §143C-6-23, 09 NCAC 03M](#))
  - b. The subcontractor has not been barred from doing business at the federal level.
  - c. The subcontractor is able to produce a notarized “State Grant Certification of No Overdue Tax Debts.
  - d. All licenses, permits, bonds and insurance necessary for carrying out Home and Community Care Block Grant services will be maintained by both the community service provider and any subcontractors.

- e. The subcontractor is registered as a charitable, tax-exempt (501c3) organization with the Internal Revenue Service (non-profit subcontractors only).
- 12. Confidentiality and Security. Per the requirements in 10A NCAC 05J and Section 6 of the Home and Community Care Block Grant Procedures Manual, client information in any format and whether recorded or not shall be kept confidential and not disclosed in a form that identifies the person without the informed consent of the person or legal representative. Community service providers, including subcontractors and vendors, must adhere to all applicable federal, state and departmental requirements for protecting the security and confidentiality of client information including but not limited to appropriately restricting access, establishing procedures to reduce the risk of accidental disclosures from data processing systems, and developing a process by which the Division of Aging and Adult Services is notified of suspected or confirmed security incidents and data breaches.
- 13. Record Retention and Disposition. All community service providers are responsible for maintaining custody of records and documentation to support the allowable expenditure of funds, service provision, and the reimbursement of services. Service providers must adhere to the approved record retention and disposition schedules posted at <https://www.ncdhhs.gov/about/administrative-offices/office-controller/records-retention> by the NC Department of Health and Human Services Controller’s Office, as well as the local government agency schedules posted at <https://archives.ncdcr.gov/government/local> by the NC Department of Natural and Cultural Resources.

Service providers are not authorized to destroy records related to the provision of services under this Agreement except in compliance with the approved DHHS retention and disposition schedule, which allows for the proper destruction of records based on a schedule by funding source and fiscal year. The agency agrees to comply with 07 NCAC 04M .0510 when deciding on a method of record destruction. Confidential records will be destroyed in such a manner that the records cannot be practically read or reconstructed.

---

(Authorized Signature)

(Date)

**Standard Assurance To Comply with Older Americans Act  
Requirements Regarding Clients Rights  
For  
Agencies Providing In-Home Services through the  
Home and Community Care Block Grant for Older Adults**

As a provider of one or more of the services listed below, our agency agrees to notify all Home and Community Care Block Grant clients receiving any of the below listed services provided by this agency of their rights as a service recipient. Services in this assurance include:

- In-Home Aide
- Home Care (home health)
- Housing and Home Improvement
- Adult Day Care or Adult Day Health Care

Notification will include, at a minimum, an oral review of the information outlined below as well as providing each service recipient with a copy of the information in written form. In addition, providers of in-home services will establish a procedure to document that client rights information has been discussed with in-home services clients (e.g. copy of signed Client Bill of Rights statement).


Clients Rights information to be communicated to service recipients will include, at a minimum, the right to:

- be fully informed, in advance, about each in-home service to be provided and any change and any change in service(s) that may affect the wellbeing of the participant;
- participate in planning and changing any in-home service provided unless the client is adjudicated incompetent;
- voice a grievance with respect to service that is or fails to be provided, without discrimination or reprisal as a result of voicing a grievance;
- confidentiality of records relating to the individual;
- have property treated with respect; and
- be fully informed both orally and in writing, in advance of receiving an in-home service, of the individual's rights and obligations.

Client Rights will be distributed to, and discussed with, each new client receiving one or more of the above listed services prior to the onset of service. For all existing clients, the above information will be provided no later than the next regularly scheduled service reassessment.

Agency Name: Moore County Department of Aging

Name of Agency Administrator: Terri H. Prots

Signature:  Date: July 22, 2022

(Please return this form to your Area Agency on Aging and retain a copy for your files.)

## CLIENT/PATIENT RIGHTS

1. You have the right to be fully informed of all your rights and responsibilities as a client/patient of the program.
2. You have the right to appropriate and professional care relating to your needs.
3. You have the right to be fully informed in advance about the care to be provided by the program.
4. You have the right to be fully informed in advance of any changes in the care that you may be receiving and to give informed consent to the provision of the amended care.
5. You have the right to participate in determining the care that you will receive and in altering the nature of the care as your needs change.
6. You have the right to voice your grievances with respect to care that is provided and to expect that there will be no reprisal for the grievance expressed.
7. You have the right to expect that the information you share with the agency will be respected and held in strict confidence, to be shared only with your written consent and as it relates to the obtaining of other needed community services.
8. You have the right to expect the preservation of your privacy and respect for your property.
9. You have the right to receive a timely response to your request for service.
10. You shall be admitted for service only if the agency has the ability to provide safe and professional care at the level of intensity needed.
11. You have the right to be informed of agency policies, changes, and costs for services.
12. If you are denied service solely on your inability to pay, you have the right to be referred elsewhere.
13. You have the right to honest, accurate information regarding the industry, agency and of the program in particular.
14. You have the right to be fully informed about other services provided by this agency.



**Exhibit 14A: List of Subcontractors**

Provider: Department of Aging FY 23

Region J

County: Moore

List each subcontractor in the chart below. A subcontractor is defined as an entity that has been contracted to do a job within the scope of the service provider's grant award. The subcontractor is accountable for the same requirements as the service provider, depending on the terms of the subcontract. Subcontractors must adhere to service standard requirements by the Division of Aging and Adult Services. Do not list vendors who provide services through a 'purchase of service'. These are services which do not follow prescribed service standards and are goods or services sold equally to all consumers.

Subcontractor Name	Type Agency	Subcontracted Service Name	Subcontractor Contact Name, Address & Phone Number	Describe Scope of the Subcontract (Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, assessments/reassessments of clients, preparation and delivery of meals, provision of a ride, tasks identified on an In-Home Aide plan of care, etc.)
Mid South Food Service, Inc.	Non-Profit <input type="checkbox"/> For-Profit <input checked="" type="checkbox"/> Government <input type="checkbox"/>	Catering	Patti Zalnasky 203 West South Aberdeen, NC 28315 910-944-2305	Procurement and preparation of daily congregate and HDM meals as well as delivery to "drop off sites" where volunteers or Aging staff will distribute the meals.
Moore County Transportation Services	Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government <input checked="" type="checkbox"/>	Medical and General Transportation	Moore County Planning PO Box 905 Carthage, NC 29327	One-way trips to medical appointments or the Diner's Club facilities.
	Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government <input type="checkbox"/>			
	Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government <input type="checkbox"/>			

**Attest Statement:** Providers utilizing subcontractors must provide assurance that both for profit and non-profit subcontractors are compliant with state and federal regulations. These assurances are the subcontractor: A) has not been suspended or debarred (G.S. §143C-6-23; 09NCAC03M), B) has not been barred from doing business at the federal level, C) is able to produce a notarized "State Grant Certification of No Overdue Tax Debts", D) has obtained all licenses, permits, bonds and insurance necessary for carrying out HCCBG Services. In addition, For-Profit Subcontractors have provided a copy of their business license and Non-Profit Subcontractors are registered as a charitable (501c3) organization with the federal government.

Signature Jerritt H. Rots Date 7-22-22

**Agenda Item:** V.A.  
**Meeting Date:** August 2, 2022

**MEMORANDUM TO BOARD OF COMMISSIONERS:**

**FROM:** Billy Ransom, Director Moore County Parks and Recreation

**DATE:** July 22, 2022

**SUBJECT:** ADA PLAYGROUND

**PRESENTER:** Josh Hammond – Cunningham Recreation  
Larry Caddell – Chairman, Moore County Parks and Recreation  
Advisory Board

**REQUEST:** Present pictures of upcoming playground additions.

**BACKGROUND:**

*In 2018 with Hillcrest Park evolution and growth over the last 24 years, made it imperative that going forward a new Master Plan was required. The adjacent collection site property has been an option/inclusion to include a 100% handicapped accessible playground, which was included in the Master Plan. Clark, Patterson, and Lee Architectural Firm was selected and completed the 30 year Master Plan for Hillcrest Park. The Board of County Commissioners responded that they were very pleased with the plan. Optional future development was platted on site for an additional ballfield, gym expansion, handicapped playground, restrooms, concession and Splash Pad. The Splash Pad construction began in February of 2019 and was completed in June of 2019 with a grand opening of July 10<sup>th</sup>, 2019. The bid went out for construction of the Recreation Center in March of 2019. The Recreation Center was completed and opened in March of 2021.*

**IMPLEMENTATION PLAN:**

**FINANCIAL IMPACT STATEMENT:**

**RECOMMENDATION SUMMARY:**

[Make a motion to...](#)

**SUPPORTING ATTACHMENTS:**



# MOORE COUNTY PARKS AND RECREATION MASTER PLAN



County of Moore  
— North Carolina —



**MEMORANDUM TO:** MOORE COUNTY BOARD OF COMMISSIONERS

**FROM:** Rachel Patterson, GIS

**DATE:** August 2, 2022

**SUBJECT:** Public Hearing – Amendment to the  
Moore County Road Name and Addressing Ordinance

**PRESENTER:** Rachel Patterson

**REQUEST:**

Request is hereby made for the Board of Commissioners to call a public hearing for Tuesday, August 16, 2022, at 5:30 pm to consider amendments to the Moore County Road Name and Addressing Ordinance to add six (6) roads to the ordinance.

**BACKGROUND:**

On July 10, 1989, the Moore County Board of Commissioners enacted the Moore County Road Name and Addressing Ordinance, establishing the names of roads, a procedure for the future naming or renaming of roads and the numbering of all houses, mobile homes, commercial and industrial buildings. In adopting this Ordinance, the Board recognized the need for the naming of roads outside of municipal limits in the County of Moore and the numbering of residential, commercial and industrial structures, and accessory buildings thereto, as being essential for the operation of the enhanced 911 dispatch system in the County of Moore.

Section 3 of this Ordinance states “No new roads outside of municipal limits in the County of Moore, whether a part of the State Secondary Road System or Private, shall be named without approval of the Board of Commissioners.” The roads listed here are for initial naming and are privately maintained; LIGHTERKNOT LN (P4260), WATERY BRANCH DR (P4259), KENT CT (P4261), KRAMER CT (P4262), NELSON WAY (P4263), AND ROSE DALE CT (P4264).

**IMPLEMENTATION PLAN:**

Upon adoption of this amendment, a formal letter of notification of the approved road names will be forwarded to individuals who own property along the road.

**FINANCIAL IMPACT STATEMENT:**

Not Applicable.

**RECOMMENDATION SUMMARY:**

Staff respectfully requests that the Board of Commissioners make a motion to call a public hearing for August 16, 2022, at 5:30 pm to consider amendments to the Moore County Road Name and Addressing Ordinance to add six (6) roads to the ordinance.

**SUPPORTING ATTACHMENTS**

Road Name and Addressing Ordinance  
Color Maps  
Legal Notice

AMENDMENT TO  
THE MOORE COUNTY ROAD NAME AND ADDRESSING ORDINANCE

ADOPTED JULY 10, 1989  
AND AS SUBSEQUENTLY AMENDED

RESOLVED by the Board of Commissioners of the County of Moore that Section III ROAD NAMING OF THE ABOVE REFERENCED ORDINANCE BE AMENDED TO ADD, RENAME, OR REMOVE THE FOLLOWING ROADS AS INDICATED:

**ADD:**

**LIGHTERKNOT LN (P4260)**.....*Located off NC 73 Hwy on the western side of road approximately 0.25 miles north of Omni Dr (P0876).*

**WATERY BRANCH DR (P4259)**.....*Located off McLauchlin Rd (SR 2014) on the western side of road approximately 0.28 miles south of the intersection of Woodlake Blvd.*

**HOLLYCREST SUBDIVISION:**

*Located off Linden Rd (SR 1115) on the eastern side across the street from Cotswold Subdivision (Chipping Campden Way). Located within the Village of Pinehurst's ETJ.*

**KENT CT (P4261)**

**KRAMER CT (P4262)**

**NELSON WAY (P4263)**

**ROSE DALE CT (P4264)**

AND, FURTHER, that the effective date of this amendment to the above described Ordinance shall be upon adoption.

Adopted this 16th day of August 2022.

\_\_\_\_\_  
Francis R Quis, Jr., Chairman  
Moore County Board of Commissioners

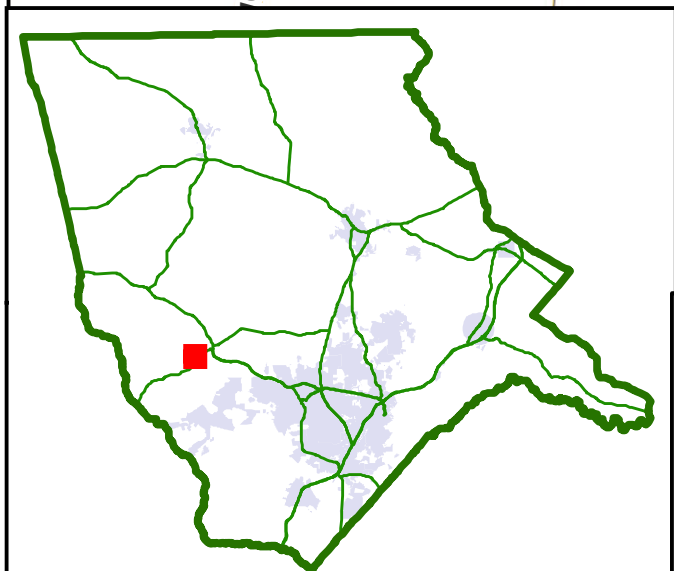
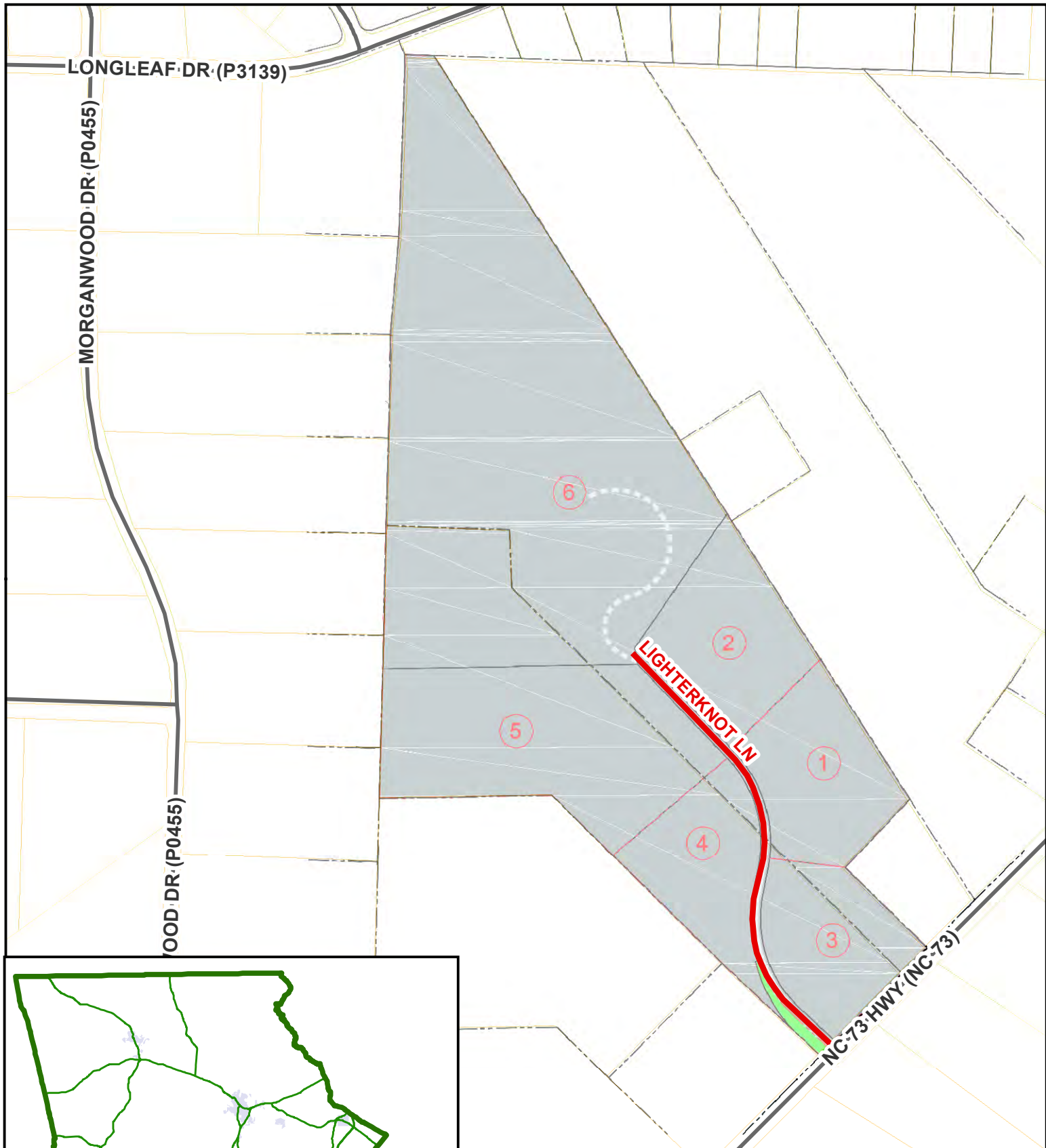
\_\_\_\_\_  
Laura Williams, Clerk to the Board  
Moore County Board of Commissioners

TABLE OF CONTENTS  
MOORE COUNTY ORDINANCE UPDATE  
– August 2022 –

NEW/CHANGED/REMOVED ROAD NAME .....	MAP NUMBER
WATERY BRANCH DR .....	1
LIGHTERKNOT LN .....	2
KENT CT .....	3
KRAMER CT .....	3
NELSON WAY .....	3
ROSE DALE CT .....	3







## Moore County Ordinance Update - Map 2

400 Feet

Map Prepared By Moore County GIS Department  
Date: 7/7/2022

Moore County GIS Disclaimer  
All the information contained on this media is prepared for the inventory of real property found within Moore County. All data is compiled from recorded deeds, plats, and other public records and data. Users of this data are hereby notified that the aforementioned public primary information sources should be consulted for verification of the information. All information contained herein was created for the County's internal use. MOORE COUNTY, ITS OFFICIALS, AGENTS AND EMPLOYEES MAKE NO WARRANTY AS TO THE CORRECTNESS OR ACCURACY OF THE INFORMATION SET FORTH ON THIS MEDIA WHETHER EXPRESS OR IMPLIED, IN FACT OR IN LAW, INCLUDING WITHOUT LIMITATION THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR USE. Any resale of this data is strictly prohibited in accordance with North Carolina General Statutes 132-10. Grid is based on North Carolina State Plane Coordinate System NAD83 (feet).  
Source: \\gisdept\gis\Projects\DEPARTMENTS\ADDRESSING\Streets\_ordinance\RoadName\_PrefAgenda\UpdateRoads\_LetterSize.mxd



### Legend

- Existing Roads
- Parcels
- Cities
- County Line





## LEGAL NOTICE



Notice is hereby given that a Public Hearing will be held before the Moore County Board of Commissioners at 5:30 PM on Tuesday, August 16, 2022, in the Commissioners' Meeting Room located on the 2<sup>nd</sup> floor of the Historic Courthouse in Carthage, North Carolina. The purpose of the hearing is to consider the following:

An amendment to the Moore County Road Name and Addressing Ordinance to add six (6) roads to the Ordinance, which are Lighterknot Ln, Watery Branch Dr, Kent Ct, Nelson Way, Kramer Ct, and Rose Dale Ct.

Information pertaining to this amendment is available for review at the Moore County GIS Department, located at 707 Pinehurst Ave, Carthage, NC 28327, during normal business hours.

Interested persons are invited to attend. Accommodations for individuals with disabilities or impairments will be made upon request to the extent that reasonable notice is given.

Laura Williams,  
Clerk to the Board



**MEMORANDUM TO THE BOARD OF COMMISSIONERS**

**FROM:** Debra Enslinger  
Planning Director

**DATE:** July 8, 2022

**SUBJECT:** Conditional Rezoning Request: Residential and Agricultural-40 (RA-40) & Highway Commercial (B-2) to Highway Commercial Conditional Zoning (B-2/CZ) – US 15-501 Highway

**PRESENTER:** Debra Enslinger

**REQUEST**

Jeff Tucker, Vice-President of JT & JR, Inc., is requesting a Conditional Rezoning from Residential and Agricultural-40 (RA-40) & Highway Commercial (B-2) to Highway Commercial Conditional Zoning (B-2/CZ) to construct a building and storage yard for a Contractor Office on an approximately 4.96-acre portion of two parcels of approximately 14.07 acres located on US 15-501 Highway, owned by JT & JR, Inc., per Deed Book 5504 Page 445 and Deed Book 5446 Page 365 and further described as ParID 00014913 and 00016274 in Moore County Tax Records.

**BACKGROUND**

The entire parent property is vacant and timberlands. Adjacent properties include a single family dwelling, vacant property and/or timberlands, and a landscaping business.

The parcels are located within the Urban Transition Highway Corridor Overlay District. While the parcels do have some freshwater forested/shrub and riverine wetlands, none are located within the rezoning area. The rezoning area is within a half-mile of a Voluntary Agricultural District. One parcel is also within the AE – 1% (100-year) Flood Zone, however the rezoning area is located approximately 200’+/- from the closest boundary.

This request was originally brought before the Planning Board on January 6, 2022 and forwarded to the Board of Commissioners for their February 15, 2022 meeting. The case was then continued until the March 15, 2022 meeting due to the revelation that there was a septic easement that impacted the proposed site specific development plan. Due to the developer needing more acreage rezoned than was originally requested, the initial request was withdrawn on April 19, 2022 and resubmitted as a new request.

**IMPLEMENTATION PLAN**

Call for a Public Hearing on August 16, 2022, at 5:30 p.m.

**FINANCIAL IMPACT STATEMENT**

No financial impact to the County’s FY 2022-2023 budget.

*Call To – US Highway 15-501 – Conditional Rezoning – Staff Report*

### **PLANNING BOARD RECOMMENDATION**

The Planning Board met on July 7, 2022, and unanimously recommended approval of the rezoning request (7-0).

### **RECOMMENDATION SUMMARY**

Make a motion to call for a Public Hearing on August 16, 2022, at 5:30 p.m. for a Conditional Rezoning from Residential and Agricultural-40 (RA-40) & Highway Commercial (B-2) to Highway Commercial Conditional Zoning (B-2/CZ) to construct a building and storage yard for a Contractor Office on an approximately 4.96-acre portion of two parcels of approximately 14.07 acres located on US 15-501 Highway, owned by JT & JR, Inc., per Deed Book 5504 Page 445 and Deed Book 5446 Page 365 and further described as ParID 00014913 and 00016274 in Moore County Tax Records.

### **SUPPORTING ATTACHMENTS**

- Land Use Map
- Zoning Map
- Municipal Zoning Map
- Site Specific Development Plan



# Land Use Map

**Landscaping  
Business**

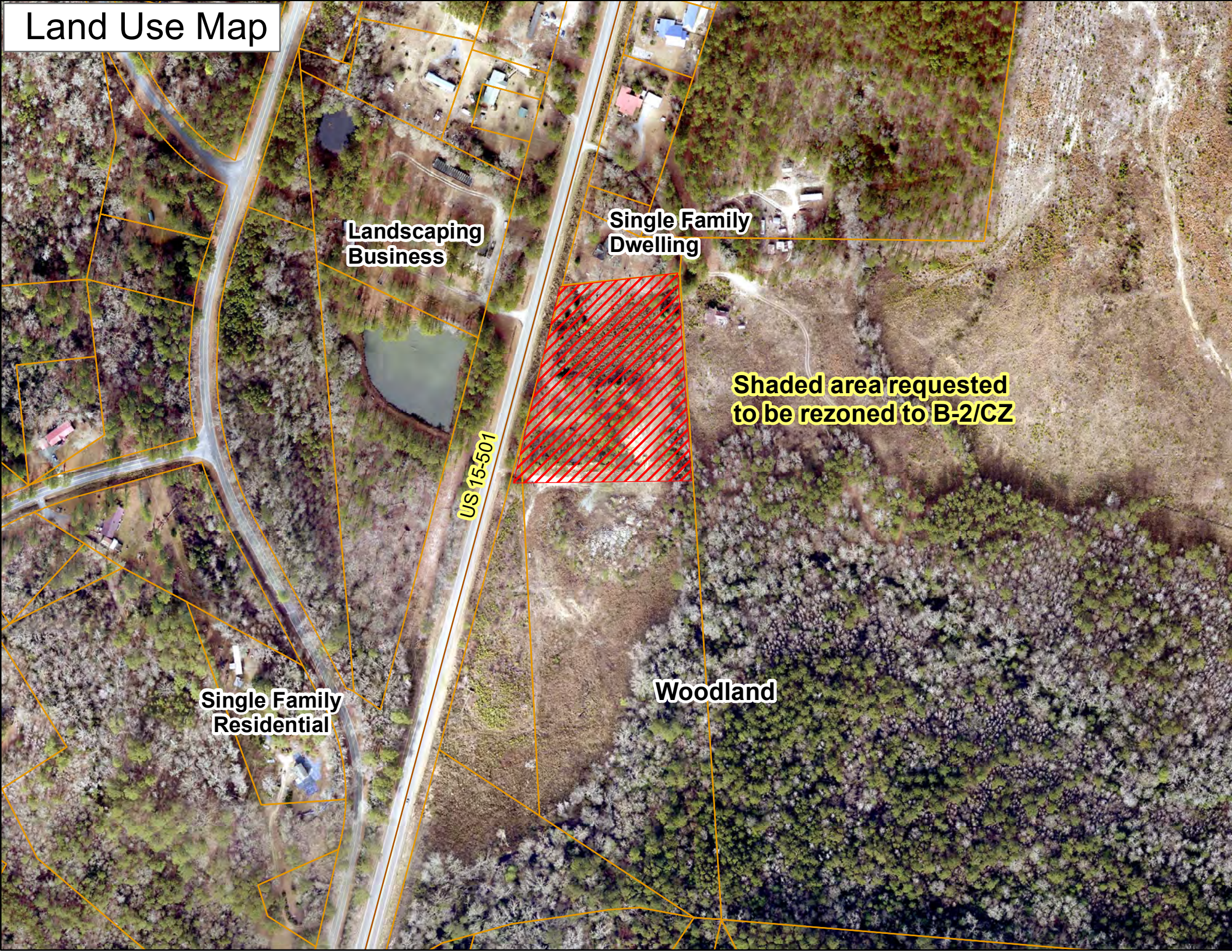
**Single Family  
Dwelling**

**Shaded area requested  
to be rezoned to B-2/CZ**

**US 15-501**

**Single Family  
Residential**

**Woodland**





# Municipal Zoning Map

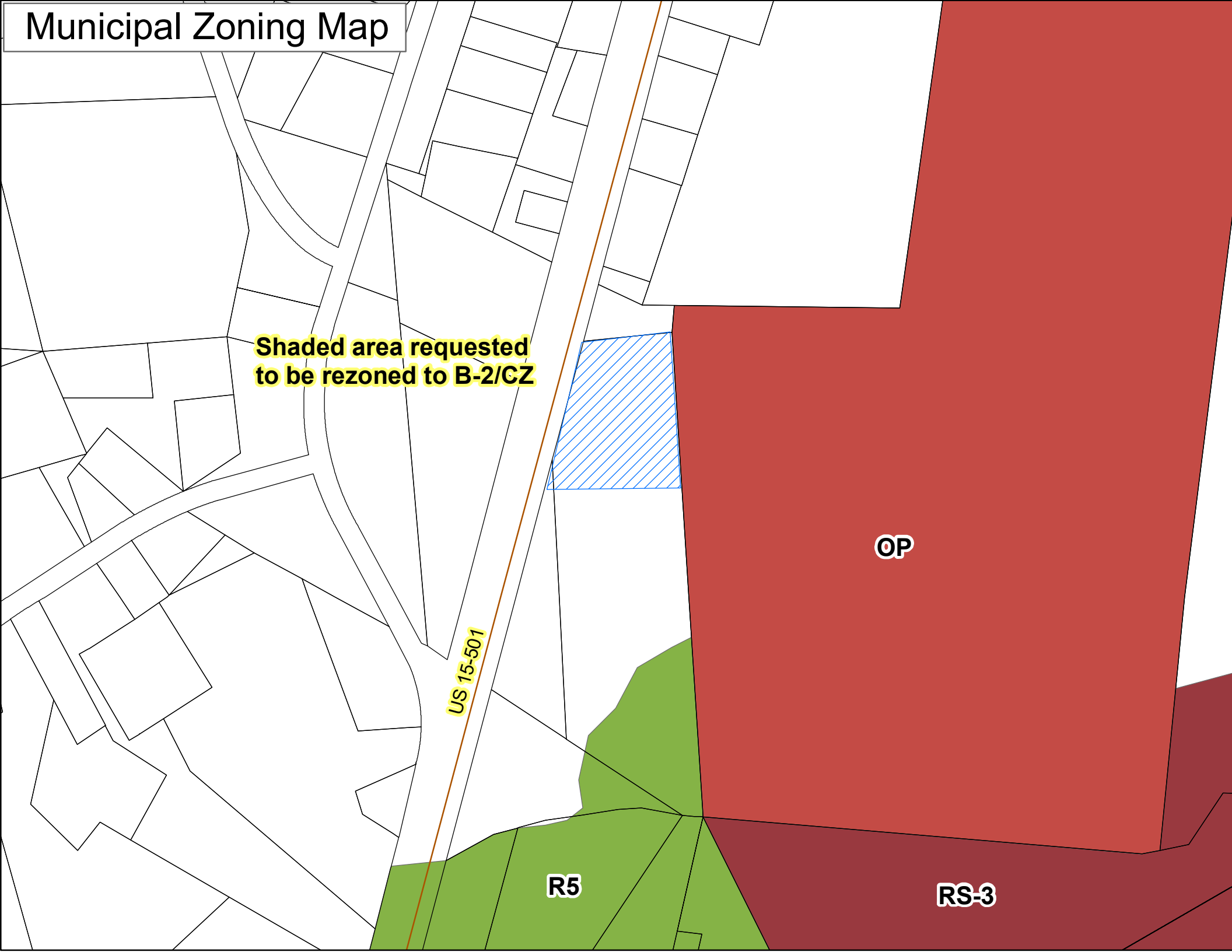
**Shaded area requested  
to be rezoned to B-2/CZ**

**US 15-501**

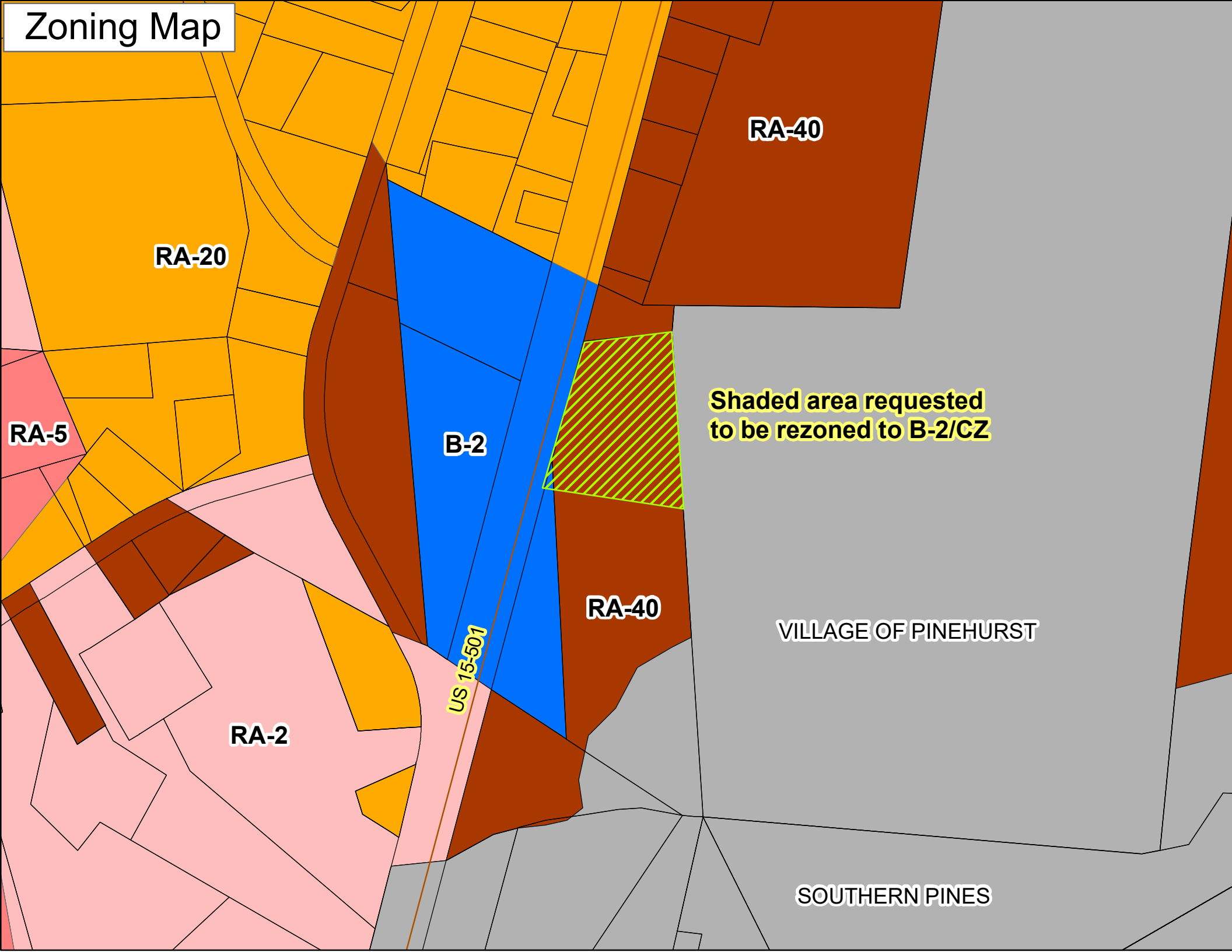
**OP**

**R5**

**RS-3**



# Zoning Map









**MEMORANDUM TO THE BOARD OF COMMISSIONERS**

**FROM:** Debra Enslinger  
Planning Director

**DATE:** July 8, 2022

**SUBJECT:** Conditional Rezoning Request: Rural Agricultural (RA) to Rural Agricultural Conditional Zoning (RA-CZ) – NC 22 Highway.

**PRESENTER:** Debra Enslinger

**REQUEST**

Cellco Partnership d/b/a Verizon Wireless is requesting a Conditional Rezoning from Rural Agricultural (RA) to Rural Agricultural Conditional Zoning (RA-CZ) to construct a 255' self-supporting lattice tower for a Wireless Communication Facility on an approximately 0.23-acre portion of one parcel of approximately 70.20 acres located on NC 22 Highway, owned by Carolyn & Chesley Rimmer, per Deed Book 5180 Page 166 and further described as ParID 00003579 in Moore County Tax Records.

**BACKGROUND**

The property is currently used for a single-family dwelling. Adjacent properties include single-family dwellings, timberlands and agricultural uses.

While the parcel does have some riverine wetlands, none are located within the rezoning area. The parcel is within the High-Quality Watershed area but is disturbing less than an acre.

**IMPLEMENTATION PLAN**

Call for a Public Hearing on August 16, 2022, at 5:30 p.m.

**FINANCIAL IMPACT STATEMENT**

No financial impact to the County's FY 2022-2023 budget.

**PLANNING BOARD RECOMMENDATION**

The Planning Board met on July 7, 2022, and unanimously recommended approval of the rezoning request (7-0).

**RECOMMENDATION SUMMARY**

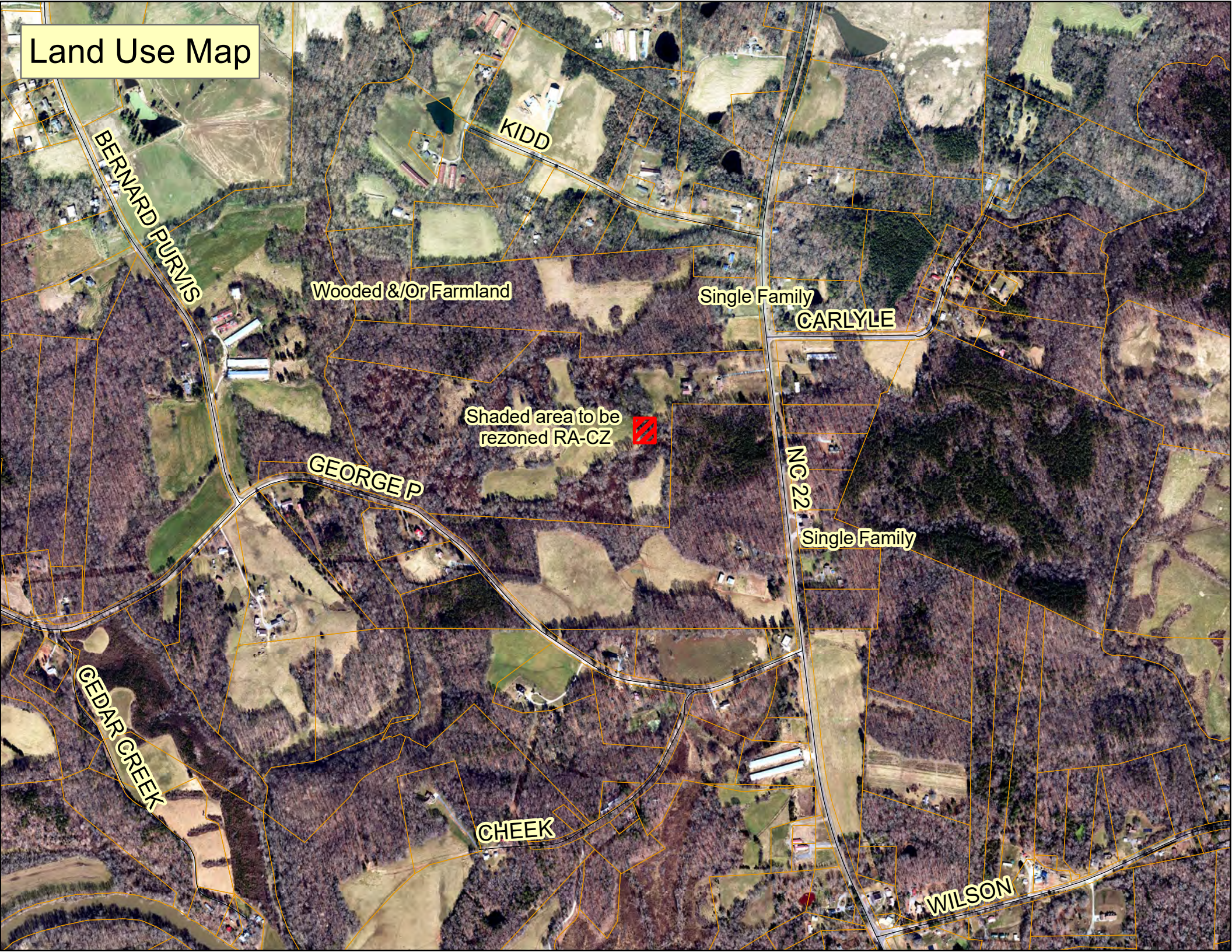
Make a motion to call for a Public Hearing on August 16, 2022, at 5:30 p.m. for a Conditional Rezoning from Rural Agricultural (RA) to Rural Agricultural Conditional Zoning (RA-CZ) to construct a 255' self-supporting lattice tower for a Wireless Communication Facility on an approximately 0.23-acre portion of one parcel of approximately 70.20 acres located on NC 22 Highway, owned by Carolyn & Chesley Rimmer, per Deed Book 5180 Page 166 and further described as ParID 00003579 in Moore County Tax Records.

### **SUPPORTING ATTACHMENTS**

- Land Use Map
- Zoning Map
- Site Specific Development Plan



# Land Use Map





# Zoning Map

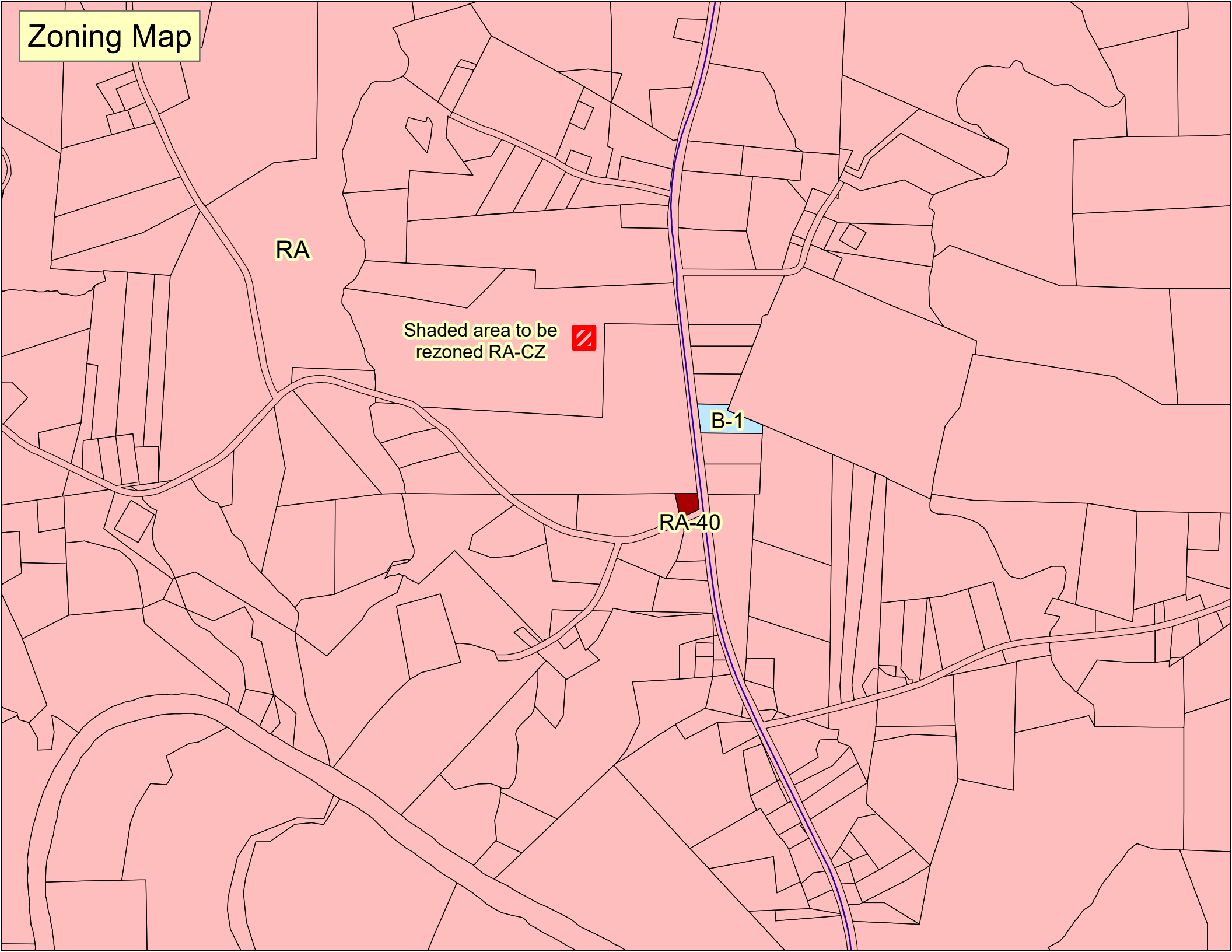
RA

Shaded area to be  
rezoned RA-CZ



B-1

RA-40



K:\ATL\_Wireless\000\_Verizon\2021 Sites\George\_RD\CAD\08\08\ECor-GB.dwg 05/31/22 11:29 AM by: christopher.strange



8921 RESEARCH DRIVE  
CHARLOTTE, NC 28262

GEORGE\_RD

SITE ADDRESS (E-911 TBD)

NC HIGHWAY 22  
BENNETT, NC 27208  
MOORE COUNTY  
LATITUDE: 35° 30' 20.71" N  
LONGITUDE: 79° 31' 56.12" W  
TAX/PIN #: 864300099495  
ZONING: RA

MOORE COUNTY SHERIFF  
302 S McNEILL ST  
CARTHAGE, NC 28327  
PHONE: (910) 947-2931  
ATTN.: CUSTOMER SERVICE

BENNETT VOLUNTEER FIRE DEPARTMENT  
55 E RALEIGH ST  
BENNETT, NC 27208  
PHONE: (336) 581-3333  
ATTN.: CUSTOMER SERVICE



FROM CHARLOTTE OFFICE: TAKE RESEARCH DR TO W W.T.HARRIS BLVD 0.5MI; FOLLOW I-85 N TO LN ST IN CABARRUS COUNTY. TAKE EXIT 63 FROM I-85 N 18.4MI; TAKE OLD BEATTY FORD RD TO NC-49 N/NC-8 N IN STANLY COUNTY 22.8MI; CONTINUE ON NC-49 N. DRIVE TO NC-42 E IN RANDOLPH COUNTY. EXIT FROM US-64 BYP 30.8MI; DRIVE TO NC-22 S/ NC-42 E; CONTINUE TO FOLLOW NC-22 S; DESTINATION WILL BE ON THE RIGHT 11MI.

DRIVING DIRECTIONS

JURISDICTION:  
MOORE COUNTY

STATE:  
NORTH CAROLINA

TOWER TYPE:  
SELF-SUPPORT TOWER

TOWER HEIGHT:  
255' (259' TO HIGHEST APPURTENANCE)

NUMBER OF CARRIERS:  
0 EXISTING, 1 PROPOSED

USE:  
PROPOSED TELECOMMUNICATIONS TOWER  
AND UNMANNED EQUIPMENT

FLOOD INFO  
SITE IS LOCATED WITHIN FEMA FLOOD MAP  
AREA 3710864200J DATED 10/17/2006 WITHIN  
FLOOD ZONE X.

PROJECT SUMMARY

DEVELOPER  
VERIZON WIRELESS  
8921 RESEARCH DRIVE  
CHARLOTTE, NC 28262  
PHONE: (704) 577-8785  
ATTN: MICHAEL HAVEN

POWER COMPANY  
RANDOLPH COMMUNICATIONS MEMBERSHIP CORP.  
PHONE: (910) 464-3111  
ATTN.: CUSTOMER SERVICE

PROPERTY OWNER  
CAROLYN K. RIMMER & CHELSEY L. RIMMER  
424 HIGHWAY 22  
BENNETT, NC 27208  
PHONE: (910) 879-5684  
ATTN.: CAROLYN RIMMER

CONSULTANT  
KIMLEY-HORN AND ASSOCIATES, INC.  
11720 AMBER PARK DRIVE, SUITE 600  
ALPHARETTA, GEORGIA 30009  
PHONE: (770) 545-6105  
ATTN.: DAVID FRANKLIN

CONTACTS

SHEET NO.	SHEET TITLE
T1	COVER SHEET
T2	APPENDIX B - BUILDING CODE SUMMARY
--	SITE SURVEY (SHEET 1 OF 3)
--	SITE SURVEY (SHEET 2 OF 3)
--	SITE SURVEY (SHEET 3 OF 3)
N1	GENERAL NOTES
C0	OVERALL PARCEL PLAN
C1	OVERALL SITE PLAN
C2	SITE PLAN
C3	EQUIPMENT PAD LAYOUT
C4	EQUIPMENT RACK DETAIL - FRONT
C5	EQUIPMENT RACK DETAIL - REAR
C6	CONCRETE PAD FOUNDATION DETAILS
C7	FENCE, GATE, AND COMPOUND DETAILS
C8	GRADING AND EROSION CONTROL PLAN
C8.1	GRADING AND EROSION CONTROL PLAN
C8.2	GRADING AND EROSION CONTROL PLAN
C9	GRADING AND EROSION CONTROL DETAILS
C10	ACCESS ROAD DETAILS
C11	SITE SIGNAGE DETAILS
C12	WAVEGUIDE BRIDGE DETAILS
C13	ANTENNA AND TOWER ELEVATION DETAILS
E1	ELECTRICAL NOTES
E2	UTILITY SERVICE ROUTING PLAN
E3	OVERALL UTILITY ROUTING PLAN
E4	METER RACK DETAILS - FRONT
E4.1	METER RACK DETAILS - REAR
E5	ELECTRICAL SINGLE LINE DIAGRAM
E5.1	ELECTRICAL SINGLE LINE DIAGRAM
E6	PANEL SCHEDULE
E7	ELECTRICAL DETAILS
E8	GROUNDING NOTES
E9	GROUNDING PLAN
E10	GROUNDING SINGLE LINE DIAGRAM
E11	GROUNDING DETAILS
E12	GROUNDING DETAILS

SHEET INDEX

MOORE COUNTY DEPARTMENT OF BUILDING SAFETY AND CODE  
1048 CARRIAGE OAKS DRIVE  
CARTHAGE, NC 28327  
PHONE: (910) 947-2221  
ATTN.: CHARLES (CHUCK) HILL

PERMIT INFORMATION



8921 RESEARCH DRIVE  
CHARLOTTE, NORTH CAROLINA 28262

PROJECT INFORMATION:

SITE NAME:  
GEORGE\_RD  
SITE No.: 696361  
PROJECT #: 15160919  
NC HIGHWAY 22  
BENNETT, NC 27208  
MOORE COUNTY

PLANS PREPARED BY:



11720 AMBER PARK DRIVE, SUITE 600  
ALPHARETTA, GA 30009  
PHONE: 770-619-4280  
WWW.KIMLEY-HORN.COM  
NC License F-0102

REV: DATE: ISSUED FOR: BY:

8			
7			
6			
5			
4			
3			
2			
1	05/31/22	CONSTRUCTION	DMF
0	11/05/21	CONSTRUCTION	DMF

LICENSER:



KHA PROJECT NUMBER:

013509351

DRAWN BY: CHECKED BY:

JAR

CDS

SHEET TITLE:

COVER SHEET

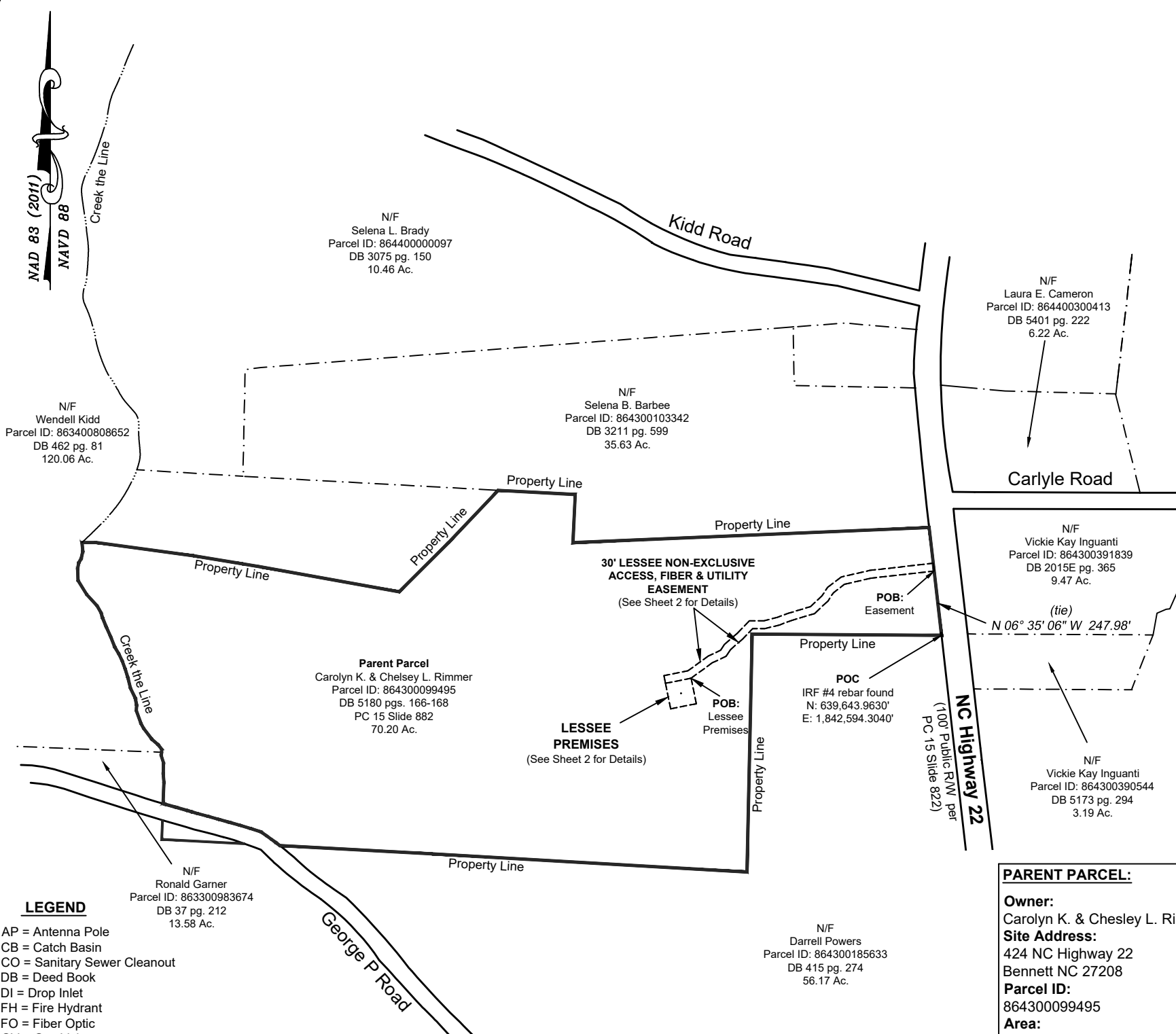
SHEET NUMBER:

T1









- LEGEND**
- AP = Antenna Pole  
CB = Catch Basin  
CO = Sanitary Sewer Cleanout  
DB = Deed Book  
DI = Drop Inlet  
FH = Fire Hydrant  
FO = Fiber Optic  
GV = Gas Valve  
GW = Guy Wire  
HH = Handhole  
IPF = Iron Pipe Found  
IRF = Iron Rebar Found (#4 rebar)  
LP = Light Pole  
MB = Miscellaneous Book  
MON = 4"x4" Concrete R/W Monument  
PC = Plat Cabinet  
PG = Page  
PKF = PK Nail Found  
POB = Point of Beginning  
POC = Point of Commencement  
R/W = Right-of-Way  
TBM = Temporary Benchmark  
TP = Telephone Pedestal  
UP = Utility Pole  
WM = Water Meter  
WV = Water Valve



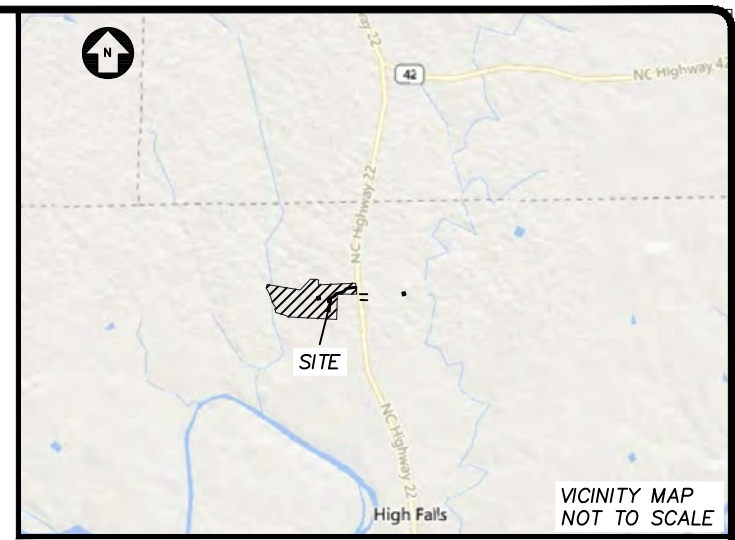
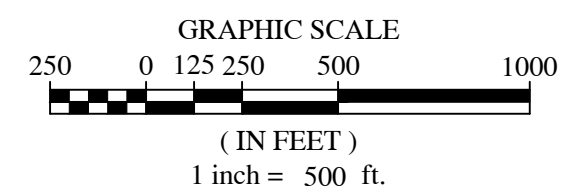
**PARENT PARCEL:**  
**Owner:** Carolyn K. & Chesley L. Rimmer  
**Site Address:** 424 NC Highway 22  
Bennett NC 27208  
**Parcel ID:** 864300099495  
**Area:** 70.2 Acres  
**Zoning:** RA (Rural/Agricultural)  
**References:** DB 5180 pgs. 166-168  
PC 15 slide 822

**GENERAL NOTES**

1. This Specific Purpose Survey is for the Lessee Premises and Easements Only. This Specific Purpose Survey was prepared for the exclusive use of Verizon Wireless and exclusively for the transferal of the Lessee Premises and the Rights of Easement shown hereon and shall not be used as an exhibit or evidence in the fee simple transferal of the Parent Parcel nor any portion or portions thereof. Boundary information shown hereon has been compiled from tax maps and deed descriptions only. No boundary survey of the Parent Parcel was performed.
2. This drawing does not represent a boundary survey.
3. The Specific Purpose Survey was prepared without benefit of a title report which may reveal additional conveyances, easements, or rights-of-way not shown hereon.
4. Survey equipment used for angular & linear measurements: Trimble S5 Robotic Total Station.
5. The 1' contours and spot elevations shown on the Specific Purpose Survey are adjusted to NAVD 88 Datum (computed using GEOID 18) and have a vertical accuracy of +/- 0.5'. Contours outside the immediate site area are approximate.
6. Bearings shown on this Specific Purpose Survey are based on Grid North (NAD83).
7. Per FEMA Floodplain Maps, this site is located in an area designated as Zone X (Areas of Minimal Flood Hazard). Community Panel #: 8642  
FIRM Map #: 3710864200J Dated October 17, 2006.
8. No wetland areas have been investigated by this Specific Purpose Survey.
9. All zoning information should be verified with Moore County Zoning Officials.
10. Any underground utilities shown have been located from above ground field survey information. The Surveyor makes no guarantees that any underground utilities shown comprise all such utilities in the area, either in-service or abandoned. The Surveyor further does not warrant that any underground utilities shown are in the exact location indicated although they are located as accurately as possible from information available. The Surveyor has not physically located and underground utilities.

**POSITIONAL ACCURACY:**

**Class of Survey:** Class "A"  
**Positional Accuracy:** <0.10'  
**GPS Procedure:** NCGS Network RTK using a Trimble SPS985 GPS Rover with TSC3 Controller  
**Datum/Epoch:** NAD83 (NSRS2011) / NAVD 88  
**Public/Fixed Control:** NC VRS Network  
**Geoid Model:** Geoid18 (CONUS)  
**Combined Grid Factor:** 0.99988238  
**Units:** US Survey Feet  
**Date of Survey:** September 2nd, 2021



**SURVEYOR'S CERTIFICATION:**

I, Neal H. O'Connor, Jr., do hereby certify that this map was drawn under my supervision from an actual GPS/conventional field survey made under my supervision, and accurately depicts the locations of this site as surveyed in the field and is not intended to represent a Boundary Survey of the Property or Properties shown hereon. This survey is not for Recordation purposes.

*Neal H. O'Connor, Jr.* October 5th, 2021  
Date  
Neal H. O'Connor, Jr.  
NCPLS # L-4005



**LINETYPE LEGEND**

- - - - - = Lessee & 30' Easement Line
- . - . - = Parcel Line
- o - o - = Fence Line
- - - - - = Curb & Gutter
- FO - - - = Fiber Optic Line
- - - - - = Right of Way Line
- OE - - - = Overhead Electric Power Line
- . . . . = Branch Line (Property)

**HATCH LEGEND**

- [Stippled Pattern] = Concrete
- [Cross-hatched Pattern] = Brick Walkway
- [Dotted Pattern] = Grass
- [Grid Pattern] = Wall

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SUMMIT  
DESIGN AND ENGINEERING

DRAWING ALTERATION

IT IS A VIOLATION OF LAW FOR ANY PERSON, UNLESS ACTING UNDER THE DIRECTION OF LICENSED ARCHITECT, PROFESSIONAL ENGINEER, LANDSCAPE ARCHITECT, OR LAND SURVEYOR TO ALTER ANY ITEM ON THIS DOCUMENT IN ANY WAY. ANY LICENSEE WHO ALTERS THIS DOCUMENT IS REQUIRED BY LAW TO AFFIX HIS OR HER SEAL AND THE NOTATION "ALTERED BY" FOLLOWED BY HIS OR HER SIGNATURE AND SPECIFIC DESCRIPTION OF THE ALTERATIONS.



REVISIONS					
No.	DATE	DESCRIPTION	BY	CHK	APP

**SPECIFIC PURPOSE SURVEY:**

**George\_RD**

NC HIGHWAY 22  
BENNETT, NC 27208  
MOORE COUNTY

DATE OF SURVEY: SEPTEMBER 2nd, 2021

**SUMMIT**  
DESIGN AND ENGINEERING SERVICES  
Creatively Inspired - Technically Executed

License: # P-0339  
320 Executive Court  
Hillsborough, NC 27278  
Voice: (919) 732-3883 Fax: (919) 732-6676  
www.summitde.net

**SPECIFIC PURPOSE SURVEY**

**TOWER LESSEE PREMISES SITE SHEET 1 OF 3**

(Not Valid without all Sheets)

NAD 83 (2011)  
NAD 88

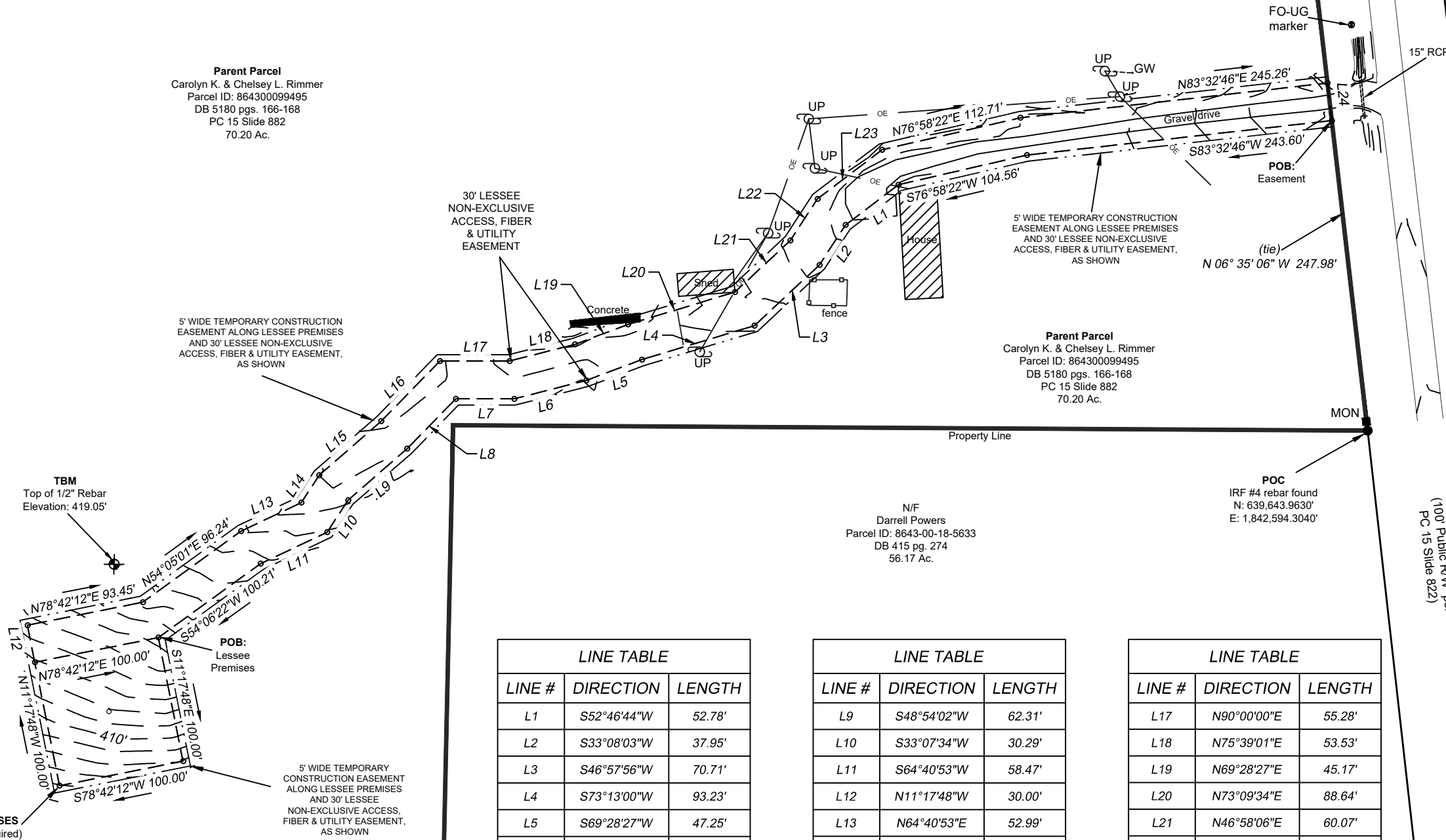
**Parent Parcel**  
Carolyn K. & Chelsey L. Rimmer  
Parcel ID: 864300099495  
DB 5180 pgs. 166-168  
PC 15 Slide 882  
70.20 Ac.

#### LINETYPE LEGEND

— = Right of Way Line  
- - - = Lessee & 30' Easement Line  
- . - . = Parcel Line  
- . . . = Temporary Construction Esmt.  
- o - o - = Fence Line  
- - - = Curb & Gutter  
- - - = Fiber Optic Line  
- - - = Water Line  
- - - = Overhead Electric Power Line  
- - - = Underground Electric Line  
o = Calculated Point  
~ ~ ~ = Edge of Wood Line

N/F  
Vickie Kay Inguanti  
Parcel ID: 864300391839  
DB 2015E pg. 365  
9.47 Ac.

N/F  
Vickie Kay Inguanti  
Parcel ID: 864300390544  
DB 5173 pg. 294  
3.19 Ac.

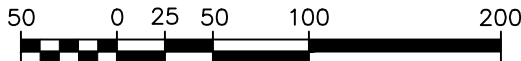


LINE TABLE		
LINE #	DIRECTION	LENGTH
L1	S52°46'44\"W	52.78'
L2	S33°08'03\"W	37.95'
L3	S46°57'56\"W	70.71'
L4	S73°13'00\"W	93.23'
L5	S69°28'27\"W	47.25'
L6	S75°39'01\"W	58.92'
L7	N90°00'00\"W	46.41'
L8	S44°16'56\"W	55.28'

LINE TABLE		
LINE #	DIRECTION	LENGTH
L9	S48°54'02\"W	62.31'
L10	S33°07'34\"W	30.29'
L11	S64°40'53\"W	58.47'
L12	N11°17'48\"W	30.00'
L13	N64°40'53\"E	52.99'
L14	N33°07'34\"E	25.96'
L15	N48°54'02\"E	65.26'
L16	N44°16'56\"E	66.72'

LINE TABLE		
LINE #	DIRECTION	LENGTH
L17	N90°00'00\"E	55.28'
L18	N75°39'01\"E	53.53'
L19	N69°28'27\"E	45.17'
L20	N73°09'34\"E	88.64'
L21	N46°58'06\"E	60.07'
L22	N33°08'03\"E	39.52'
L23	N52°46'44\"E	64.41'
L24	S06°35'06\"E	30.00'

#### GRAPHIC SCALE



( IN FEET )

1 inch = 100 ft.

#### LEGEND

AP = Antenna Pole  
CB = Catch Basin  
CPP = Corrugated Plastic Pipe  
DB = Deed Book  
DI = Drop Inlet  
FH = Fire Hydrant  
FO = Fiber Optic  
GV = Gas Valve  
GW = Guy Wire  
HH = Handhole  
IPF = Iron Pipe Found  
IRF = Iron Rebar Found (#4 rebar)  
LP = Light Pole  
MB = Miscellaneous Book  
MON = 4\"X4\" Concrete R/W Monument  
PB = Plat Book  
PG = Page  
PKF = PK Nail Found  
POB = Point of Beginning  
POC = Point of Commencement  
R/W = Right-of-Way  
TBM = Temporary Benchmark  
TP = Telephone Pedestal  
UP = Utility Pole  
WM = Water Meter  
WV = Water Valve

**Parent Parcel**  
Carolyn K. & Chelsey L. Rimmer  
Parcel ID: 864300099495  
DB 5180 pgs. 166-168  
PC 15 Slide 882  
70.20 Ac.

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DESIGN AND ENGINEERING

#### DRAWING ALTERATION

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PREPARED FOR



Kimley»Horn

#### REVISIONS

No.	DATE	DESCRIPTION	BY	CHK	APP

SPECIFIC PURPOSE SURVEY:

George\_RD

NC HIGHWAY 22  
BENNETT, NC 27208  
MOORE COUNTY

DATE OF SURVEY: SEPTEMBER 2nd, 2021



License: # P-0339  
320 Executive Court  
Hillsborough, NC 27278  
Voice: (919) 732-3883 Fax: (919) 732-6676  
www.summitde.net

SPECIFIC PURPOSE  
SURVEY

TOWER LESSEE  
PREMISES SITE  
SHEET 2 OF 3

(Not Valid without all Sheets)

#### SITE INFORMATION:

**Lessee Premises:**  
10,000 Square Feet (0.230 Acres)  
**Latitude at center of Premises:**  
N 35° 30' 20.7068\"(NAD83)(35.505752)  
**Longitude at center of Premises:**  
W 79° 31' 56.122\"(NAD83)(-79.532256)  
**Elevation at center of Premises:**  
411.85' A.M.S.L.



TITLE EXCEPTIONS:  
This survey was made with the aid of Title work prepared by Fidelity National Title Insurance Company, issue date of 09/3/2021, examined from 03/15/1898 to 08/04/2021, being File No.66717–NC2011–5013 Reference No. 250511000083, for the Parent Parcel to determine the impacts of existing title exceptions listed below:

1. Taxes

[This Item is not a matter of surveying.]

2. Easement in favor of Randolph Telephone Membership Corporation, a corporation set forth in instrument recorded on September 29, 1994 in Deed Book 01035, Page 00060.

[This Item is Not–Applicable to the Parent Parcel, the Lease Area and Access Easement, location of easement is not defined and is blanket in nature.]

3. Matters as shown and noted on Plat recorded in Plat Book 15, Page 822.

[This Item is Applicable to the Parent Parcel, the Lease Area and Access Easement as shown hereon.]

4. Deed of Trust from Carolyn K. Rimmer and Chesley L. Rimmer, Grantor(s), to WJ Kellam, Jr., Trustee(s), in favor of U.S. Bank National Association, dated August 9, 2019, and recorded August 19, 2019 in Deed Book 5180, Page 169, in the original amount of \$79,000.00.

[This Item is Applicable to the Parent Parcel, the Lease Area and Access Easement, it is the Deed of Trust for the Parent Parcel and is shown hereon.]

**SITE INFORMATION:**

**Lessee Premises:**  
10,000 Square Feet (0.230 Acres)  
**Latitude at center of Premises:**  
N 35° 30' 20.7068"(NAD83)(35.505752)  
**Longitude at center of Premises:**  
W 79° 31' 56.122"(NAD83)(-79.532256)

**Elevation at center of Premises:**  
411.85' A.M.S.L.

**PARENT PARCEL**

Property located in the Town of Bennett, Moore County, North Carolina.

All that certain piece, parcel or tract of land lying and being situated on the west–side of NC Highway 22, 0.02 miles south of the intersection with Carlyle Road and being in the Town of Bennett, Ritter Township, Moore County, North Carolina, containing seventy and 20/100 Acres (70.20 Acres), more or less, and being the same property conveyed to Carolyn K. & Chelsey L. Ritter by Deed Book 5180 pages 166–168, dated August 19th, 2019 and recorded in the Moore County Register of Deeds.

TAX PARCEL ID: 864300099495

**LESSEE PREMISES**

All that certain piece, parcel or tract of land lying and being the same property conveyed to Carolyn K. & Chelsey L. Ritter by Deed Book 5180 pages 166–168, dated August 19th, 2019 and recorded in the Moore County Register of Deeds and being more particularly described as follows:

To find the Point of Beginning, Commencing at an existing #4 rebar found on the western Right of Way of NC Highway 22 (having a Public Right of Way of 100') at the southeastern corner of said Carolyn K. & Chelsey L. Ritter and the property of Darrell Powers as described in Deed Book 415 page 274 and recorded in the Moore County Resister of Deeds, having a North Carolina Grid North (NAD83) value of N 639,643.9630 and E 1,842,594.3040 and labeled the POINT OF COMMENCEMENT; thence with a tie–line along said Right of Way N 06° 35' 06" W 247.98 feet to a point being the Point of Beginning for the 30–foot wide Lessee Non–Exclusive Access, Fiber & Utility Easement; thence leaving said Right of Way S 83° 32' 46" W 243.60 feet to a point; thence S 76° 58' 22" W 104.56 feet to a point; thence S 52° 46' 44" W 52.78 feet to a point; thence S 33° 08' 03" W 37.95 feet to a point; thence S 46° 57' 56" W 70.71 feet to a point; thence S 73° 13' 00" W 93.23 feet to a point; thence S 69° 28' 27" W 47.25 feet to a point; thence S 75° 39' 01" W 58.92 feet to a point; thence N 90° 00' 00" W 46.41 feet to a point; thence S 44° 16' 56" W 55.28 feet to a point; thence S 48° 54' 02" W 62.31 feet to a point; thence S 33° 07' 34" W 30.29 feet to a point; thence S 64° 40' 53" W 58.47 feet to a point; thence S 54° 06' 22" W 100.21 feet to a point being the TRUE POINT OF BEGINNING for the Lessee Premises; thence S 11° 17' 48" E 100.00 feet to a point; thence S 78° 42' 12" W 100.00 feet to a point; thence N 11° 17' 48" W 100.00 feet to a point; thence N 78° 42' 12" E 100.00 feet to the POINT OF BEGINNING.

Bearings based on North Carolina Grid North, NAD83.

Said described parcel containing 0.230 Acres (10,000.00 square feet), more or less and subject to any and all easements, reservations, restrictions and conveyances of record, being shown hereon for Verizon Wireless.

**30' LESSEE NON-EXCLUSIVE ACCESS, FIBER & UTILITY EASEMENT**

Together with a 30–foot wide Lessee Non–Exclusive Access, Fiber & Utility Easement lying and being the same property conveyed to Carolyn K. & Chelsey L. Ritter by Deed Book 5180 pages 166–168, dated August 19th, 2019 and recorded in the Moore County Register of Deeds and being more particularly described as follows:

To find the Point of Beginning, Commencing at an existing #4 rebar found on the western Right of Way of NC Highway 22 (having a Public Right of Way of 100') at the southeastern corner of said Carolyn K. & Chelsey L. Ritter and the property of Darrell Powers as described in Deed Book 415 page 274 and recorded in the Moore County Resister of Deeds, having a North Carolina Grid North (NAD83) value of N 639,643.9630 and E 1,842,594.3040 and labeled the POINT OF COMMENCEMENT; thence with a tie–line along said Right of Way N 06° 35' 06" W 247.98 feet to a point being the TRUE POINT OF BEGINNING for the 30–foot wide Lessee Non–Exclusive Access, Fiber & Utility Easement; thence leaving said Right of Way S 83° 32' 46" W 243.60 feet to a point; thence S 76° 58' 22" W 104.56 feet to a point; thence S 52° 46' 44" W 52.78 feet to a point; thence S 33° 08' 03" W 37.95 feet to a point; thence S 46° 57' 56" W 70.71 feet to a point; thence S 73° 13' 00" W 93.23 feet to a point; thence S 69° 28' 27" W 47.25 feet to a point; thence S 75° 39' 01" W 58.92 feet to a point; thence N 90° 00' 00" W 46.41 feet to a point; thence S 44° 16' 56" W 55.28 feet to a point; thence S 48° 54' 02" W 62.31 feet to a point; thence S 33° 07' 34" W 30.29 feet to a point; thence S 64° 40' 53" W 58.47 feet to a point; thence S 54° 06' 22" W 100.21 feet to a point being the Point of Beginning for the Lessee Premises; thence S 78° 42' 12" W 100.00 feet to a point; thence leaving said Lessee Premises N 11° 17' 48" W 30.00 feet to a point; thence N 78° 42' 12" E 93.45 feet to a point; thence N 54° 05' 01" E 96.24 feet to a point; thence N 64° 40' 53" E 52.99 feet to a point; thence N 33° 07' 34" E 25.96 feet to a point; thence N 48° 54' 02" E 65.26 feet to a point; thence N 44° 16' 56" E 66.72 feet to a point; thence N 90° 00' 00" E 55.28 feet to a point; thence N 75° 39' 01" E 53.53 feet to a point; thence N 69° 28' 27" E 45.17 feet to a point; thence N 73° 09' 34" E 88.64 feet to a point; thence N 46° 58' 06" E 60.07 feet to a point; thence N 33° 08' 03" E 39.52 feet to a point; thence N 52° 46' 44" E 64.41 feet to a point; thence N 76° 58' 22" E 112.71 feet to a point; thence N 83° 32' 46" E 245.26 feet to a point on said Right of Way; thence with said Right of Way S 06° 35' 06" E 30.00 feet to the POINT OF BEGINNING.

Said described parcel containing 0.801 Acres (34,905.45 square feet), more or less and subject to any and all easements, reservations, restrictions and conveyances of record, being shown hereon for Verizon Wireless.

**LESSEE PREMISES AND 30' LESSEE NON-EXCLUSIVE ACCESS, FIBER & UTILITY EASEMENT 5 FOOT WIDE TEMPORARY CONSTRUCTION EASEMENT, VERIZON WIRELESS**

Also conveyed is a Lessee 5 foot wide Temporary Construction Easement along the above described Lessee Premises and the 30–foot wide Lessee Non–Exclusive Access, Fiber & Utility Easement being shown hereon for Verizon Wireless.

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DRAWING ALTERATION

IT IS A VIOLATION OF LAW FOR ANY PERSON, UNLESS ACTING UNDER THE DIRECTION OF LICENSED ARCHITECT, PROFESSIONAL ENGINEER, LANDSCAPE ARCHITECT, OR LAND SURVEYOR TO ALTER ANY ITEM ON THIS DOCUMENT IN ANY WAY. ANY LICENSEE WHO ALTERS THIS DOCUMENT IS REQUIRED BY LAW TO AFFIX HIS OR HER SEAL AND THE NOTATION "ALTERED BY" FOLLOWED BY HIS OR HER SIGNATURE AND SPECIFIC DESCRIPTION OF THE ALTERATIONS.

PREPARED FOR



Kimley»Horn

REVISIONS

No.	DATE	DESCRIPTION	BY	CHK	APP

SPECIFIC PURPOSE SURVEY:

George\_RD

NC HIGHWAY 22  
BENNETT, NC 27208  
MOORE COUNTY

DATE OF SURVEY: SEPTEMBER 2nd, 2021



**SUMMIT**  
DESIGN AND ENGINEERING SERVICES

Creatively Inspired - Technically Executed

License: # P-0339  
320 Executive Court  
Hillsborough, NC 27278  
Voice: (919) 732-3883 Fax: (919) 732-6676  
www.summitde.net

SPECIFIC PURPOSE  
SURVEY

TOWER LESSEE  
PREMISES SITE  
SHEET 3 OF 3

(Not Valid without all Sheets)



K:\ATL\_Wireless\000\_Verizon\2021 Sites\George\_RD\CAD\GB\ECor-GB.dwg 11/05/21 1:33 PM by: christopher.etrange

1.00 GENERAL NOTES

- 1.01 ALL MATERIALS AND WORKMANSHIP SHALL CONFORM TO THE DRAWINGS AND SPECIFICATIONS. ALL WORK SHALL BE DONE IN ACCORDANCE WITH THE LATEST EDITION OF THE STATE, LOCAL AND NATIONAL CODES, ORDINANCES AND OR REGULATIONS APPLICABLE TO THIS PROJECT.
- 1.02 THE CONTRACTOR SHALL BE RESPONSIBLE FOR COORDINATING THE WORK OF ALL TRADES AND SHALL CHECK ALL DIMENSIONS. ALL DISCREPANCIES SHALL BE CALLED TO THE ATTENTION OF THE PROJECT MANAGER AND/OR ENGINEER AND BE RESOLVED BEFORE PROCEEDING WITH WORK. WHERE THERE IS A CONFLICT BETWEEN DRAWING AND VERIZON SPECIFICATIONS, THE VERIZON PROJECT ENGINEER SHOULD BE CONTACTED FOR CLARIFICATION.
- 1.03 ALL INFORMATION SHOWN ON THE DRAWINGS RELATIVE TO EXISTING CONDITIONS IS GIVEN AS THE BEST PRESENT KNOWLEDGE, BUT WITHOUT GUARANTEE OF ACCURACY. WHERE ACTUAL CONDITIONS CONFLICT WITH THE DRAWINGS, THEY SHALL BE REPORTED TO THE PROJECT MANAGER AND/OR ENGINEER SO THAT PROPER REVISIONS MAY BE MADE. MODIFICATION OF DETAILS OF CONSTRUCTION SHALL NOT BE MADE WITHOUT WRITTEN APPROVAL OF THE PROJECT MANAGER AND/OR ENGINEER.
- 1.04 CONTRACTOR SHALL REVIEW AND BE FAMILIAR WITH SITE CONDITIONS AS SHOWN ON THE ATTACHED SITE PLAN AND/OR SURVEY DRAWINGS.
- 1.05 WAVEGUIDE BRIDGE AND EQUIPMENT CABINETS ARE SHOWN FOR REFERENCE ONLY. REFER TO SEPARATE DRAWINGS FOR SPECIFIC INFORMATION.
- 1.06 ALL FINISHED GRADES SHALL SLOPE MINIMUM 1/4 IN./FT. AWAY FROM EQUIPMENT IN ALL DIRECTIONS. CONTRACTOR SHALL SLOPE SWALES AS REQUIRED ALONG EXISTING TERRAIN TO DRAIN AWAY FROM COMPOUND AND ACCESS DRIVE.
- 1.07 THE PROPOSED TOWER AND TOWER FOUNDATIONS WERE DESIGNED BY OTHERS. TOWER INFORMATION PROVIDED ON THESE PLANS ARE PROVIDED FOR REFERENCE PURPOSES ONLY. NOTIFY ENGINEER OR PROJECT MANAGER OF ANY CONFLICTS OR DISCREPANCIES. CONTRACTOR TO OBTAIN COPY OF TOWER DESIGN DRAWINGS, IF AVAILABLE, FROM VERIZON PROJECT MANAGER TO CONFIRM COAX ROUTING AND ANTENNA MOUNT INFORMATION.
- 1.08 THE CONTRACTOR SHALL PROVIDE ADEQUATE EXCAVATION SLOPING, SHORING, BRACING, AND GUYS IN ACCORDANCE WITH ALL NATIONAL, STATE, AND LOCAL SAFETY ORDINANCES.
- 1.09 UPON COMPLETION OF CONSTRUCTION, CONTRACTOR IS RESPONSIBLE FOR REPAIRING ANY DAMAGE CAUSED BY CONSTRUCTION ACTIVITIES TO THE EXISTING ACCESS ROAD AND COMPOUND GRAVEL AREAS. ANY NEW FILL MATERIALS SHALL BE COMPACTED.
- 1.10 THE CONTRACTOR IS HEREBY NOTIFIED THAT PRIOR TO COMMENCING CONSTRUCTION, HE IS RESPONSIBLE FOR CONTACTING THE UTILITY COMPANIES INVOLVED AND SHALL REQUEST A VERIFICATION AT THE CONSTRUCTION SITE OF THE LOCATIONS OF THEIR UNDERGROUND UTILITIES AND WHERE THEY MAY POSSIBLY CONFLICT WITH THE PLACEMENT OF IMPROVEMENTS AS SHOWN ON THESE PLANS. THE CONTRACTOR OR ANY SUBCONTRACTOR FOR THIS CONTRACT WILL BE REQUIRED TO NOTIFY "NORTH CAROLINA 811" 48 HOURS IN ADVANCE OF PERFORMING ANY WORK BY CALLING THE TOLL FREE NUMBER (800) 632-4949 (OR 811). ANY UTILITIES DAMAGED BY CONSTRUCTION ACTIVITIES SHALL BE REPAIRED BY THE CONTRACTOR, AT NO EXPENSE TO THE OWNER.
- 1.11 CONTRACTOR TO PROVIDE DUMPSTER AND PORTABLE TOILET FACILITY DURING CONSTRUCTION.
- 1.12 CONTRACTOR TO PROVIDE STYMIE LOCK OR EQUIVALENT AS APPROVED BY VERIZON PROJECT MANAGER.
- 1.13 CONTRACTOR TO PROVIDE ANY NECESSARY SIGNAGE PER VERIZON PROJECT MANAGER'S INSTRUCTIONS. SEE DETAIL ON SHEET C11.

2.00 EQUIPMENT FOUNDATION NOTES

- 2.01 FOUNDATIONS ARE DESIGNED FOR A PRESUMPTIVE ALLOWABLE SOIL BEARING CAPACITY OF 2,000 PSF. CONTRACTOR SHALL VERIFY SOIL CONDITIONS AND BEARING CAPACITY PRIOR TO CONSTRUCTION.
- 2.02 EXCAVATE A MINIMUM 18" BELOW PROPOSED EQUIPMENT FOUNDATIONS OF EXPANSIVE, ORGANIC, UNCONSOLIDATED OR OTHERWISE UNACCEPTABLE MATERIAL AND REPLACE WITH WELL-COMPACTED MATERIAL ACCEPTABLE TO VERIZON.
- 2.03 CONTRACTOR SHALL BE RESPONSIBLE FOR LOCATING, PROTECTING, AND RELOCATING AS REQUIRED ALL SERVICE AND UTILITY LINES IN VICINITY OF THE WORK SITE. ALL EXCAVATIONS NEAR THESE LINES TO BE CARRIED OUT WITH EXTREME CAUTION. COORDINATE ALL RELOCATIONS WITH THE PROPERTY OWNER.
- 2.04 CONTRACTOR TO CUT/FILL EXISTING COMPOUND SUBSOIL TO PROVIDE AN AREA AS LEVEL AS POSSIBLE FOR THE EQUIPMENT FOUNDATIONS. ALL FILL AREAS ARE TO BE FILLED WITH SUITABLE MATERIALS. FILL MATERIALS ARE TO BE PLACED, COMPACTED, AND TESTED IN MAXIMUM LAYERS OF 8". COMPACTION OF ALL FILL MATERIAL SHALL ACHIEVE 95 PERCENT OF MAXIMUM DRY DENSITY AT OPTIMUM MOISTURE CONTENT IN ACCORDANCE WITH ASTM D 698. ALL TESTS MUST MEET THE MINIMUM SPECIFIED SOIL BEARING CAPACITY. COMPACTION TESTING IS BY THE GEOTECHNICAL TESTING COMPANY DESIGNATED FOR THE PROJECT. SCHEDULING AND COORDINATION IS THE RESPONSIBILITY OF THE GENERAL CONTRACTOR. REPORTS OF ALL TESTING ARE TO BE PROMPTLY DELIVERED OR FAXED TO THE VERIZON WIRELESS PROJECT MANAGER.
- 2.05 CONCRETE SHALL HAVE A MINIMUM COMPRESSIVE STRENGTH OF 4,000 PSI AT 28 DAYS AND SHALL BE INSTALLED IN ACCORDANCE WITH THE LATEST REVISION TO ACI-318 BUILDING CODE REQUIREMENTS FOR REINFORCED CONCRETE.
- 2.06 CONCRETE SHALL HAVE A SLUMP BETWEEN 3" AND 6".
- 2.07 FIBERS FOR CONCRETE SHALL BE FIBERMESH 650, 100 PERCENT VIRGIN POLYPROPYLENE FIBRILLATED FIBERS, e3 PATENTED TECHNOLOGY PATENTED TECHNOLOGY, CONTAINING NO REPROCESSED OLEFIN MATERIALS. THE FIBERS SHALL CONFORM TO ASTM C1116 TYPE III AND MANUFACTURED SPECIFICALLY FOR THE SECONDARY REINFORCEMENT OF CONCRETE.
- 2.08 THE FIBERS SHALL BE MANUFACTURED IN AN ISO 9001:2008 CERTIFIED MANUFACTURING FACILITY. UNLESS OTHERWISE STATED, FIBERMESH 650 MACRO-SYNTHETIC FIBERS SHALL BE ADDED TO THE CONCRETE AT THE BATCHING PLANT AT THE RECOMMENDED APPLICATION RATE OF 3 LBS/YD³ AND MIXED FOR A SUFFICIENT TIME (MINIMUM 5 MINUTES AT FULL MIXING SPEED) TO ENSURE UNIFORM DISTRIBUTION OF THE FIBERS THROUGHOUT THE CONCRETE. FIBROUS CONCRETE REINFORCEMENT SHALL BE MANUFACTURED BY FIBERMESH, 4019 INDUSTRY DRIVE, CHATTANOOGA, TN 37416 USA, TEL: 800 621-1273, WEBSITE: WWW.FIBERMESH.COM
- 2.09 AT THE REQUEST OF THE VERIZON WIRELESS PROJECT MANAGER, TEST CYLINDERS SHALL BE MOLDED AND LABORATORY CURED IN ACCORDANCE WITH ASTM C31. THREE CYLINDERS SHALL BE TAKEN FOR EACH DAY'S CONCRETE PLACEMENT. CYLINDERS SHALL BE TESTED IN ACCORDANCE WITH THE LATEST REVISION TO ASTM C39.
- 2.10 CHAMFER ALL EXPOSED EXTERNAL CORNERS OF CONCRETE WITH ¾" x 45° CHAMFER, UNLESS OTHERWISE NOTED.
- 2.11 CONCRETE FORMWORK IS TO BE STRIPPED WITHIN 48 HOURS. VIBRATION OF THE CONCRETE MUST ASSURE THAT HONEYCOMBING WILL BE AT A MINIMUM. MECHANICAL VIBRATION OF ALL CONCRETE IS REQUIRED UNLESS OTHERWISE DIRECTED BY VERIZON WIRELESS' PROJECT MANAGER. ABOVE GRADE CONCRETE IS TO BE RUBBED AND PATCHED TO ASSURE SMOOTH FINISH AT TIME OF FORMS REMOVAL. CONTRACTOR SHALL PROVIDE A BROOM FINISH ON THE TOP SURFACE OF THE EQUIPMENT FOUNDATION UNLESS OTHERWISE DIRECTED BY VERIZON WIRELESS' PROJECT MANAGER.
- 2.12 TOPS OF CONCRETE FOUNDATION MUST BE WITHIN 0.02' OF ELEVATION REQUIRED.
- 2.13 TOP OF FOUNDATION FINISH TO BE LEVEL ± ⅛" IN 10'.
- 2.14 TOP OF FOUNDATION TO HAVE MEDIUM BROOM FINISH.
- 2.15 CONTRACTOR SHALL REFER TO DRAWINGS OF OTHER TRADES AND VENDOR DRAWINGS FOR EMBEDDED ITEMS AND RECESSES NOT SHOWN ON THE STRUCTURAL DRAWINGS. CONTRACTOR SHALL VERIFY PLACEMENT OF EQUIPMENT AND LOCATION OF CONDUIT FOR MANUFACTURER'S AND VENDORS SPECIFICATIONS. IT SHALL BE THE RESPONSIBILITY OF THE CONTRACTOR TO PROVIDE ALL OPENINGS AND SLEEVES FOR PROPER DISTRIBUTION OF ALL UTILITIES.

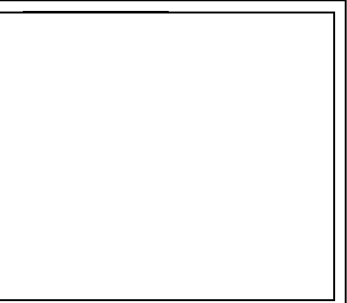


PROJECT INFORMATION:

SITE NAME:  
GEORGE\_RD  
SITE No.: 696361  
PROJECT #: 15160919  
NC HIGHWAY 22  
BENNETT, NC 27208  
MOORE COUNTY

PLANS PREPARED BY:

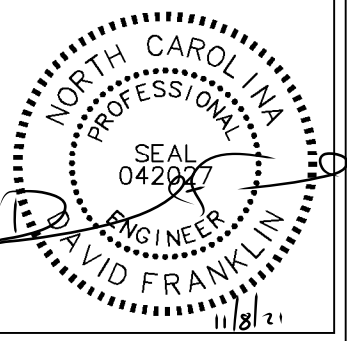
**Kimley»Horn**  
11720 AMBER PARK DRIVE, SUITE 800  
ALPHARETTA, GA 30009  
PHONE: 770-619-4280  
WWW.KIMLEY-HORN.COM  
NC License F-0102



REV: DATE: ISSUED FOR: BY:

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1			
0	11/05/21	CONSTRUCTION	DMF

LICENSER:



KHA PROJECT NUMBER:

013509351

DRAWN BY: CHECKED BY:

JAR CDS

SHEET TITLE:

GENERAL NOTES

SHEET NUMBER:

N1

K:\ATL\_Wireless\000\_Verizon\2021 Sites\George\_Rd\2021 Sites\George\_Rd\CAD\08\EDoc\08.dwg 11/05/21 1:33 PM by: christopher.estrade

TOWER SETBACKS TO PROPERTY LINES (FROM TOWER CENTER)	
NORTH	595'-5"
SOUTH	668'-5"
EAST	268'-1"
WEST	1147'-10"

N/F  
WENDELL KIDD  
PARCEL ID: 863400808652  
DB: 462 PG: 81  
120.06 AC.

N/F  
SELENA L. BRADY  
PARCEL ID: 864400000097  
DB: 3075 PG: 150  
10.46 AC.

N/F  
SELENA B. BARBEE  
PARCEL ID: 864300103342  
DB: 3211 PG: 599  
35.63 AC.

N/F  
LAURA E. CAMERON  
PARCEL ID: 864400300413  
DB: 5401 PG: 222  
6.22 AC.

PARENT PARCEL  
CAROLYN & CHELSEY L. RIMMER  
PARCEL ID: 864300099495  
DB 5180 PGS: 166-168  
PC 15 SLIDE 882  
70.20 AC.

PROPOSED LESSEE  
100' X 100' PREMISES  
(±10,000 SQ. FT.)  
(SEE SHEET C13)

N/F  
DARRELL POWERS  
PARCEL ID: 864300185633  
DB: 415 PG: 274  
56.17 AC.

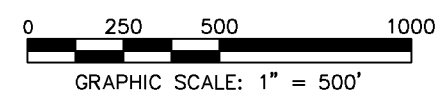
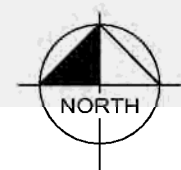
N/F  
VICKIE KAY INGUANTI  
PARCEL ID: 864300391839  
DB: 2015E PG: 365  
9.47 AC.

N/F  
VICKIE KAY INGUANTI  
PARCEL ID: 864300390544  
DB: 5173 PG: 294  
3.19 AC.

NC HIGHWAY 22  
(100' PUBLIC R/W PER  
PC 15 SLIDE 822)

GEORGE P. ROAD

KIDD ROAD



**SURVEY NOTE:**

1. VERIZON WIRELESS STAFF SHALL COORDINATE WITH THE PROPERTY OWNER TO OBTAIN THE PROPER EASEMENT AGREEMENTS TO CONSTRUCT AND MAINTAIN EQUIPMENT IN AND AROUND THE TOWER COMPOUND.
2. PROPOSED COMPOUND LAYOUT BASED ON SURVEY PROVIDED BY SUMMIT DATED 10/05/2021 AND SITE VISIT ON 09/02/2021.

**1 OVERALL SITE PLAN**  
**C0** SCALE: 1" = 500'



**PROJECT INFORMATION:**

**SITE NAME:**  
GEORGE RD  
**SITE No.:** 696361  
**PROJECT #:** 15160919  
NC HIGHWAY 22  
BENNETT, NC 27208  
MOORE COUNTY

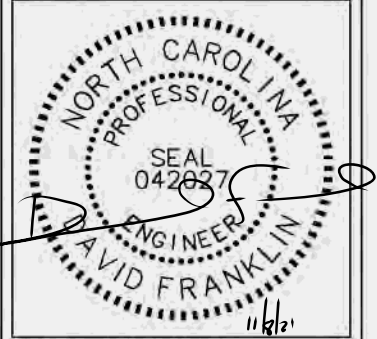
**PLANS PREPARED BY:**

**Kimley»Horn**  
11720 AMBER PARK DRIVE, SUITE 600  
ALPHARETTA, GA 30009  
PHONE: 770-619-4280  
WWW.KIMLEY-HORN.COM  
NC License F-0102

REV: DATE: ISSUED FOR: BY:

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**LICENSER:**



**KHA PROJECT NUMBER:**

013509351

**DRAWN BY:** **CHECKED BY:**

JAR CDS

**SHEET TITLE:**

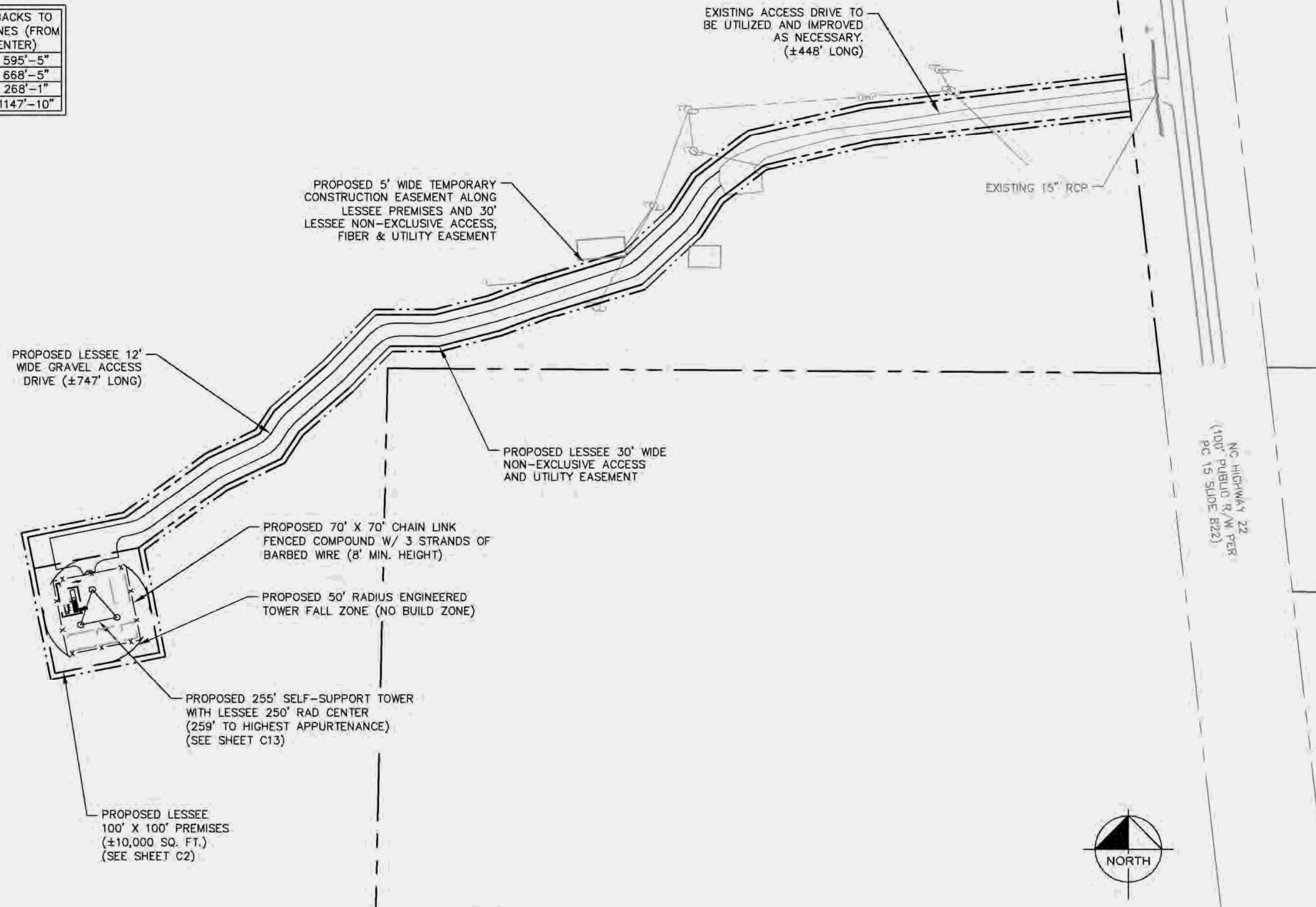
**OVERALL PARCEL PLAN**

**SHEET NUMBER:**

C0

K:\MT\_Wireless\000\_Verizon\2021\_Sites\George\_RD\CAD\08\ECor-08.dwg 05/31/22 11:29 AM by: christopher.strange

TOWER SETBACKS TO PROPERTY LINES (FROM TOWER CENTER)	
NORTH	595'-5"
SOUTH	668'-5"
EAST	268'-1"
WEST	1147'-10"



#### SURVEY NOTE:

1. VERIZON WIRELESS STAFF SHALL COORDINATE WITH THE PROPERTY OWNER TO OBTAIN THE PROPER EASEMENT AGREEMENTS TO CONSTRUCT AND MAINTAIN EQUIPMENT IN AND AROUND THE TOWER COMPOUND.
2. PROPOSED COMPOUND LAYOUT BASED ON SURVEY PROVIDED BY SUMMIT DATED 10/05/2021 AND SITE VISIT ON 09/02/2021.

1  
C1 OVERALL SITE PLAN  
SCALE: 1" = 100'

**verizon**  
8821 RESEARCH DRIVE  
CHARLOTTE, NORTH CAROLINA 28262

#### PROJECT INFORMATION:

SITE NAME:  
GEORGE RD  
SITE No.: 696361  
PROJECT #: 15160919  
NC HIGHWAY 22  
BENNETT, NC 27208  
MOORE COUNTY

#### PLANS PREPARED BY:

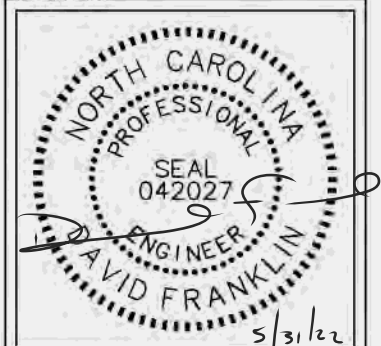
**Kimley»Horn**

11720 AMBER PARK DRIVE, SUITE 600  
ALPHARETTA, GA 30009  
PHONE: 770-619-4280  
WWW.KIMLEY-HORN.COM  
NC License F-0102

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0	11/05/21	CONSTRUCTION	DMF

LICENSER:



KHA PROJECT NUMBER:

013509351

DRAWN BY: CHECKED BY:

JAR

CDS

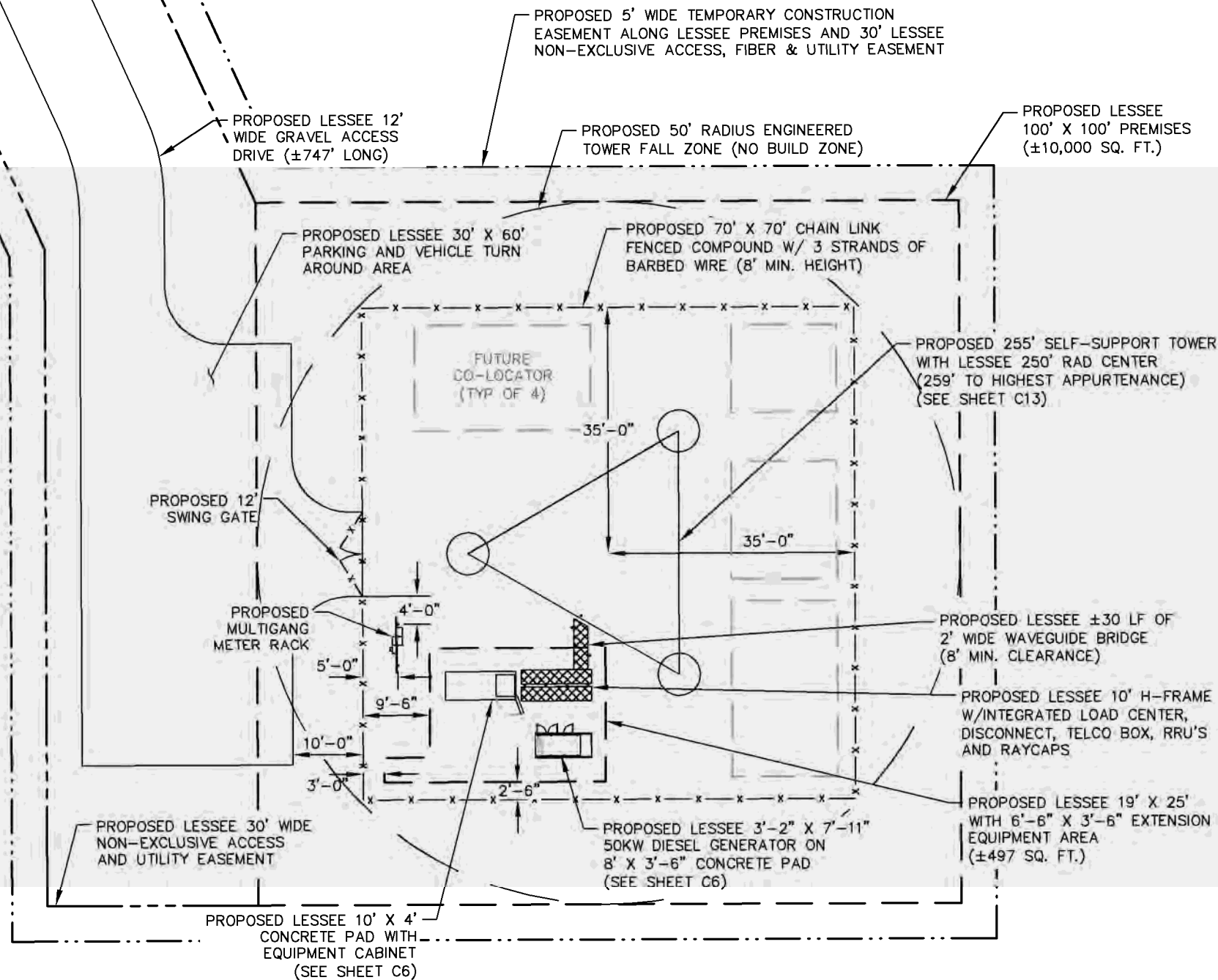
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OVERALL SITE  
PLAN

SHEET NUMBER:

C1

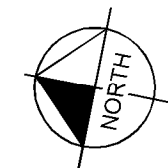
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1 SITE PLAN  
C2 SCALE: 1" = 20'

#### SITE NOTES:

1. VERIZON WIRELESS STAFF SHALL COORDINATE WITH THE PROPERTY OWNER AND/OR TOWER OWNER TO OBTAIN THE PROPER EASEMENT AGREEMENTS TO CONSTRUCT AND MAINTAIN EQUIPMENT IN AND AROUND THE TOWER COMPOUND.
2. PROPOSED COMPOUND LAYOUT BASED ON SURVEY PROVIDED BY SUMMIT DATED 10/05/21 AND SITE VISIT ON 09/02/21.
3. CONTRACTOR TO CONFIRM WITH VERIZON CONSTRUCTION MANAGER THAT THE SHELTER/EQUIPMENT SHOWN HAS BEEN ORDERED/SCHEDULED FOR DELIVERY TO THIS SITE.
4. THE BASIS OF EQUIPMENT DESIGN INCLUDES ONE (1) RF CABINET, ONE (1) FUTURE BATTERY CABINET, AND ONE (1) FUTURE EXPANSION CABINET.
5. GENERAL CONTRACTOR SHALL BE RESPONSIBLE FOR COORDINATING AND MODIFYING SCOPE OF WORK TO ACCOMMODATE ANY CHANGES IN THE EXACT EQUIPMENT PROCURED BY VERIZON WIRELESS. COORDINATE ANY CHANGES WITH VERIZON WIRELESS CONSTRUCTION MANAGER.
6. ROUTE COAX/FIBER UP TOWER PER STRUCTURAL ANALYSIS BY TOWER OWNER.
7. TOWER DIMENSIONS SHOWN ON THIS PLAN ARE FOR TOWER CENTER LOCATION. CONTRACTOR TO OBTAIN COPY OF TOWER ERECTION DRAWINGS FROM VERIZON CONSTRUCTION MANAGER PRIOR TO DRILLING TOWER FOUNDATIONS. CASSIONS AND TOWER SHOWN ON THIS PLAN ARE ILLUSTRATIVE, SEE DESIGN DRAWING BY OTHERS. DO NOT SCALE.
8. INSTALL 3½" O.D. GALVANIZED STEEL POST FOR TDSGA-PA14 GROUND BAR. POST TO EXTEND 78" ABOVE GRADE AND SHALL BE EMBEDDED IN A 12"Ø CONCRETE FOOTING A MINIMUM OF 36". FOOTING SHALL EXTEND A MINIMUM OF 42" BELOW GRADE.



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NC HIGHWAY 22  
BENNETT, NC 27208  
MOORE COUNTY

#### PLANS PREPARED BY:

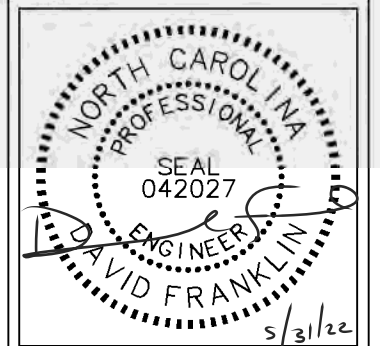
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0	11/05/21	CONSTRUCTION	DMF

LICENSER:



KHA PROJECT NUMBER:

013509351

DRAWN BY: CHECKED BY:

JAR

CDS

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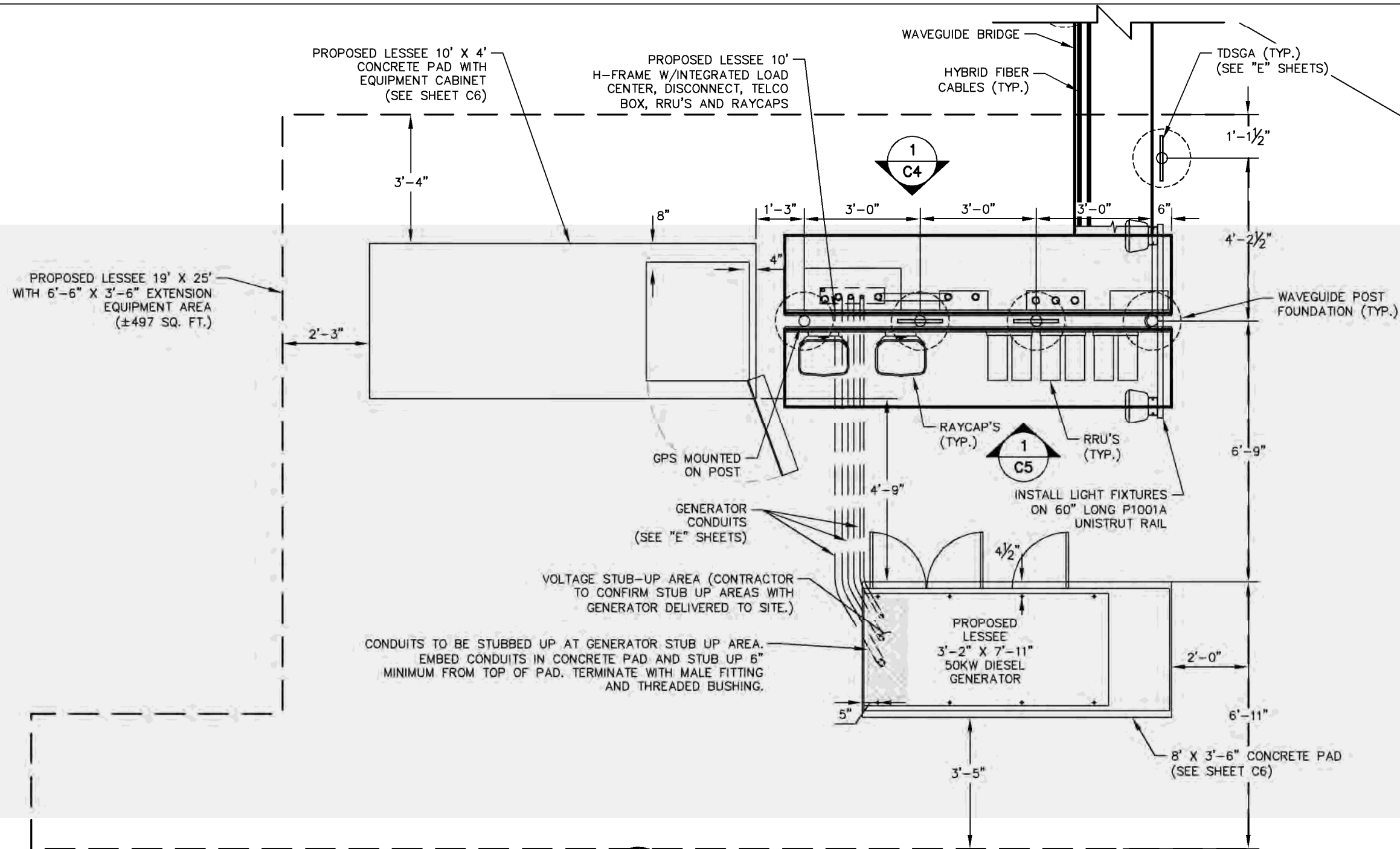
SITE PLAN

SHEET NUMBER:

C2



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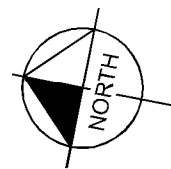
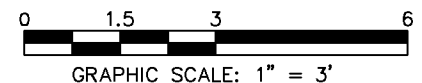


# 1 C3 EQUIPMENT PAD LAYOUT

SCALE: 1" = 3'

## EQUIPMENT PAD/ROUTING NOTES:

1. REFER TO THE SITE PLAN FOR EQUIPMENT PAD LOCATION AND ORIENTATION.
2. RUN 2" FLEX TELCO CONDUIT FROM BOTTOM OF TELCO BOX TO SIDE OF RF CABINET WITH CHASE NIPPLE THROUGH FACTORY KNOCKOUT.
3. RUN (2) 2" FLEX POWER CONDUIT AND (1) 1" ALARM CONDUIT FROM BOTTOM OF ILC TO SIDE OF RF CABINET WITH CHASE NIPPLES THROUGH FACTORY KNOCKOUTS.
4. RUN 2" FLEX FIBER CONDUIT FROM BOTTOM OF OVP TO SIDE OF RF CABINET WITH CHASE NIPPLE THROUGH FACTORY KNOCKOUT.
5. RUN (1) 1 1/2" FLEX POWER CONDUIT FOR EVERY (6) RRU CIRCUITS FROM BOTTOM OF OVP TO SIDE OF RF CABINET WITH CHASE NIPPLE THROUGH FACTORY KNOCKOUT.
6. SUPPORT FLEX CONDUIT ON HORIZONTAL H-FRAME RAILS OR ON VERTICAL SITE STRUT SNT10 RAILS ADDED TO H-FRAME FOR CONDUIT/CABLE MANAGEMENT.
7. RUN HYBRID CABLE FOR TOWER MOUNTED RRU'S OVERHEAD ON TRAPEZE SUSPENDED FROM WAVE GUIDE BRIDGE. SWEEP DOWN ONTO H-FRAME RAILS, THEN LOOP UNDER OVP AND CONNECT TO BOTTOM OF OVP. ATTACH GROUND KITS TO HYBRID CABLE BEFORE LOOPING UNDER OVP, AND BOND TO TDSGA GROUND BAR AT BASE OF H-FRAME.
8. RUN COAX CABLE FOR GROUND MOUNTED RRU'S (IF USED) OVERHEAD ON TRAPEZE SUSPENDED FROM WAVE GUIDE BRIDGE. TERMINATE COAX ON ICE BRIDGE AND TRANSITION TO JUMPERS JUST BEFORE REACHING H-FRAME. ATTACH GROUND KITS TO COAX CABLE ON TOWER SIDE OF LAST ICE BRIDGE POST AND BOND TO TDSGA GROUND BAR NEAR TOP OF POST.
9. GPS ANTENNA TO BE MOUNTED TO STANDARD HEIGHT POST WITH EXTENDED MOUNTING PIPE, USING COMMSCOPE GPS-U MOUNTING KIT. MOUNT AS NEAR AS PRACTICAL TO RBA84 CABINET.
10. BOLT CABINETS AND GENERATOR TO SLAB USING FASTENERS SPECIFIED BY EQUIPMENT MANUFACTURER IN FACTORY PROVIDED MOUNTING HOLES.



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NC HIGHWAY 22  
BENNETT, NC 27208  
MOORE COUNTY

## PLANS PREPARED BY:

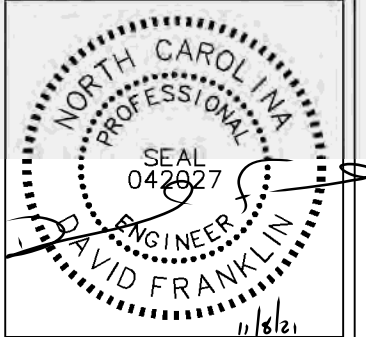
**Kimley»Horn**

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ALPHARETTA, GA 30009  
PHONE: 770-619-4280  
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NC License F-0102

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## LICENSER:



## KHA PROJECT NUMBER:

013509351

## DRAWN BY: CHECKED BY:

JAR

CDS

## SHEET TITLE:

EQUIPMENT PAD  
LAYOUT

## SHEET NUMBER:

C3

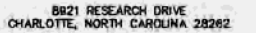


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- ## KEY NOTES - ELECTRICAL EQUIPMENT

- 
- Technical drawing showing the front and rear elevations of a utility structure. The drawing includes dimensions and labels for various components.
- Dimensions:**
- Overall width: 10'-0"
  - Overall height: 10'-0"
  - Top section width: 3'-0" (TYP.)
  - Post embedment: 4'-6" MIN. POST EMBED.
  - Post spacing: 1'-6"
  - Stone thickness: 6" OF #57 STONE MIN.
  - Finish grade: FINISH GRADE
- Equipment and Components:**
- Disconnect Switch:** 15"x30"x9" (NOMINAL)
  - Integrated Load Center with Automatic Transfer Switch:** 30"x60"x10" (NOMINAL)
  - Telco Box:** 18"x18"x6" (NOMINAL)
  - Ciena Box**
  - Well Compacted Fill Material:** (18" MINIMUM)
- Labels and Callouts:**
- A, B, C, D, E, F, G, H, J, K, L, M, N, P, Q, R, S, T, U, V, W, X, Y, Z
- NOTE:** FOR CLARITY PURPOSES, THE FRONT ELEVATION OF THE "H" FRAME ONLY SHOWS EQUIPMENT AND CONDUIT ASSOCIATED WITH THE FRONT SIDE. SEE REAR SHEET FOR DETAILS ASSOCIATED WITH EQUIPMENT AND CONDUIT MOUNTED ON THE REAR SIDE OF THE "H" FRAME.

1 EQUIPMENT RACK DETAILS - FRONT  
C4 NOT TO SCALE



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A circular professional engineer seal for David Franklin, North Carolina. The seal features the text "NORTH CAROLINA" at the top, "PROFESSIONAL" in the middle, and "DAVID FRANKLIN" at the bottom. In the center, it says "SEAL" and "042027". A handwritten signature "D. F." is written across the seal, and the date "11/8/21" is written at the bottom right.

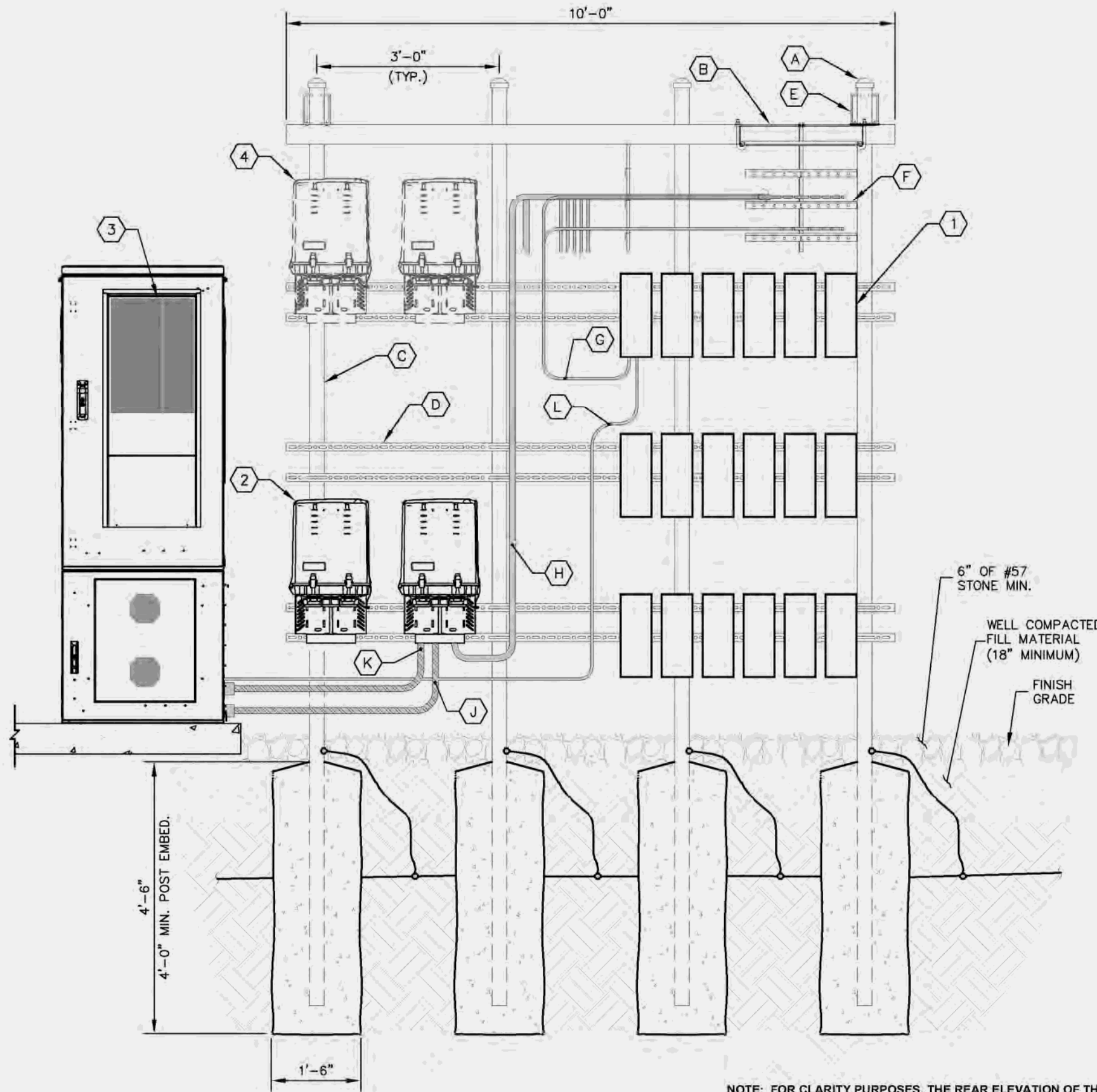
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EQUIPMENT RACK  
DETAIL - FRONT

C4

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1 EQUIPMENT RACK DETAILS - REAR  
C5 NOT TO SCALE

NOTE: FOR CLARITY PURPOSES, THE REAR ELEVATION OF THE "H" FRAME ONLY SHOWS EQUIPMENT AND CONDUIT ASSOCIATED WITH THE REAR SIDE. SEE FRONT SHEET FOR DETAILS ASSOCIATED WITH EQUIPMENT AND CONDUIT MOUNTED ON THE FRONT SIDE OF THE "H" FRAME.

### KEY NOTES - CONDUIT, CONDUCTORS, & MISC

- (A) GALVANIZED RIGID STEEL CAP, TYPICAL.
- (B) ICE BRIDGE, SEE CIVIL SHEETS FOR ADDITIONAL DETAILS.
- (C) 3" GALVANIZED RIGID STEEL PIPE, TYPICAL.
- (D) 1 1/2" X 1 1/2" GALVANIZED STEEL CHANNEL (UNISTRUT #P1000) WITH PLASTIC END CAP (UNISTRUT #P2860), TYPICAL.
- (E) WB-K210-B15 HORSEHEAD SUPPORT BRACKET (SEE "WAVEGUIDE BRIDGE DETAILS" SHEET). THRU BOLTS REQUIRED FOR ATTACHMENT IN LIEU OF FACTORY PROVIDED U-BOLTS.
- (F) ICE BRIDGE RUNNING TOWARDS TOWER (SEE "EQUIPMENT PAD LAYOUT" SHEET).
- (G) COAX JUMPER CABLES INTO BOTTOM OF RRU'S, TYPICAL.
- (H) HYBRID CABLES RUNNING INTO BOTTOM OF RAYCAPS, TYPICAL (SEE NOTE 7 ON "EQUIPMENT PAD LAYOUT" SHEET).
- (J) 1 1/2" POWER FLEX CONDUIT RUNNING FROM BOTTOM OF RAYCAPS TO CABINET, TYPICAL (SEE "EQUIPMENT PAD LAYOUT" SHEET).
- (K) 2" FIBER FLEX CONDUIT RUNNING FROM BOTTOM OF RAYCAPS TO CABINET, TYPICAL (SEE "EQUIPMENT PAD LAYOUT" SHEET).
- (L) FIBER/POWER JUMPER TO RRU (TYP. FOR EACH RRU).

### KEY NOTES - ELECTRICAL EQUIPMENT

- (1) VERIZON RF RRU'S (MODEL, QUANTITY OF, AND CONFIGURATION DETERMINED BY RF DESIGN).
- (2) VERIZON RAYCAPS (MODEL, QUANTITY OF, AND CONFIGURATION DETERMINED BY RF DESIGN).
- (3) VERIZON RF CABINET-FRONT VIEW.
- (4) FUTURE VERIZON RAYCAPS.

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CHARLOTTE, NORTH CAROLINA 28262

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NC HIGHWAY 22  
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MOORE COUNTY

#### PLANS PREPARED BY:

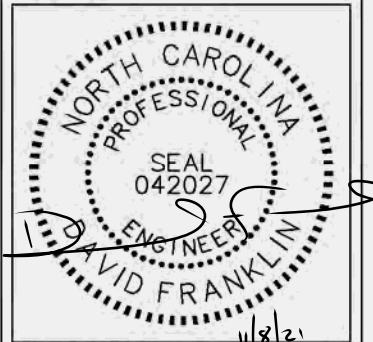
Kimley»Horn

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NC License F-0102

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KHA PROJECT NUMBER:

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DRAWN BY: CHECKED BY:

JAR CDS

SHEET TITLE:

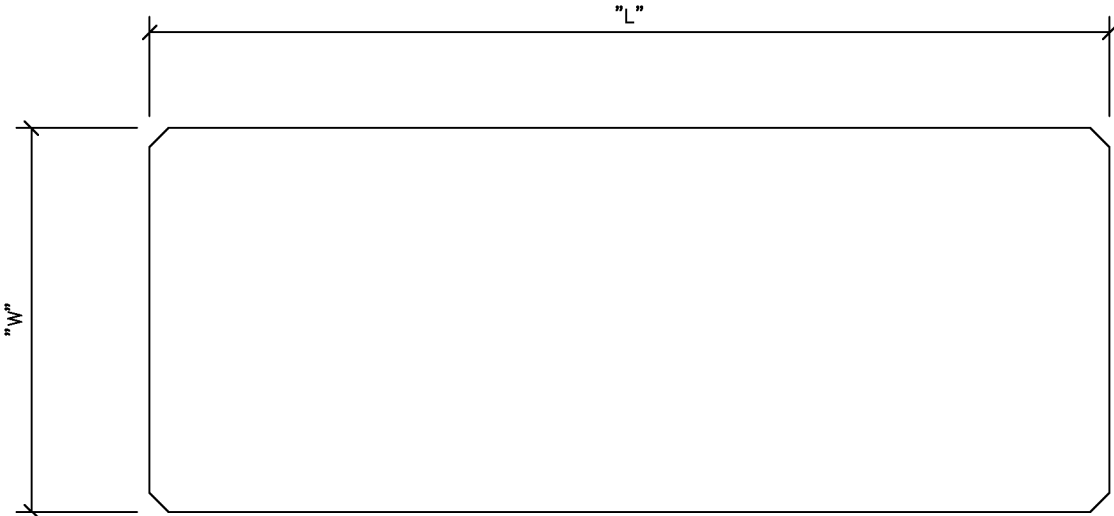
EQUIPMENT RACK  
DETAIL - REAR

SHEET NUMBER:

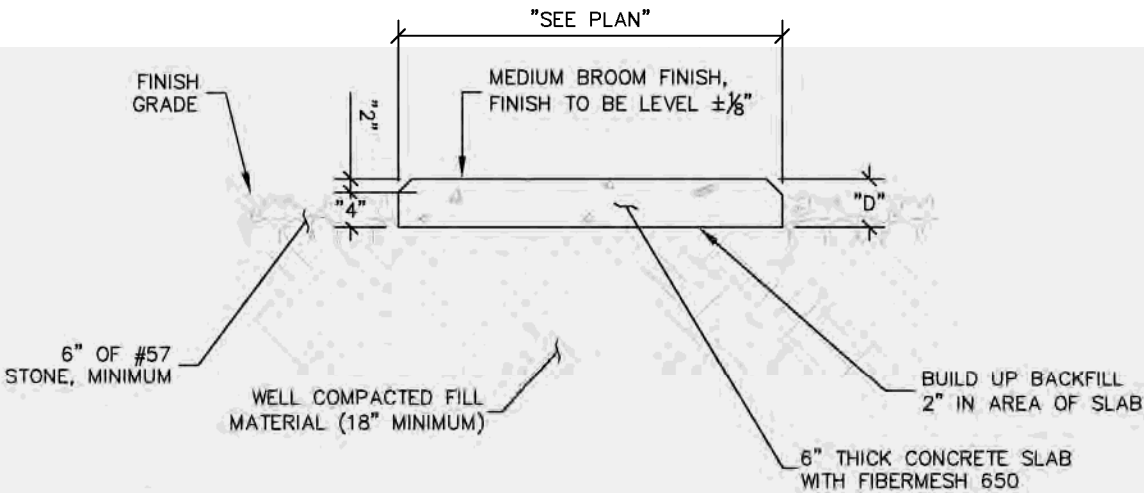
C5

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CONCRETE PAD SCHEDULE				
PAD TYPE	"L"	"W"	"D"	REINFORCEMENT
EQUIPMENT PAD	10'-0"	4'-0"	6"	SEE DETAIL 2/C6
GENERATOR PAD	8'-0"	3'-6"	6"	SEE DETAIL 2/C6



1 CONCRETE PAD PLAN  
C6 NOT TO SCALE



2 CONCRETE PAD FOUNDATION SECTION  
C6 NOT TO SCALE



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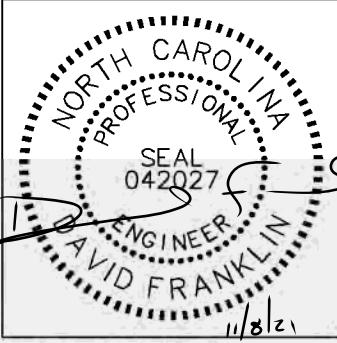
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SHEET TITLE:

CONCRETE PAD  
FOUNDATION  
DETAILS

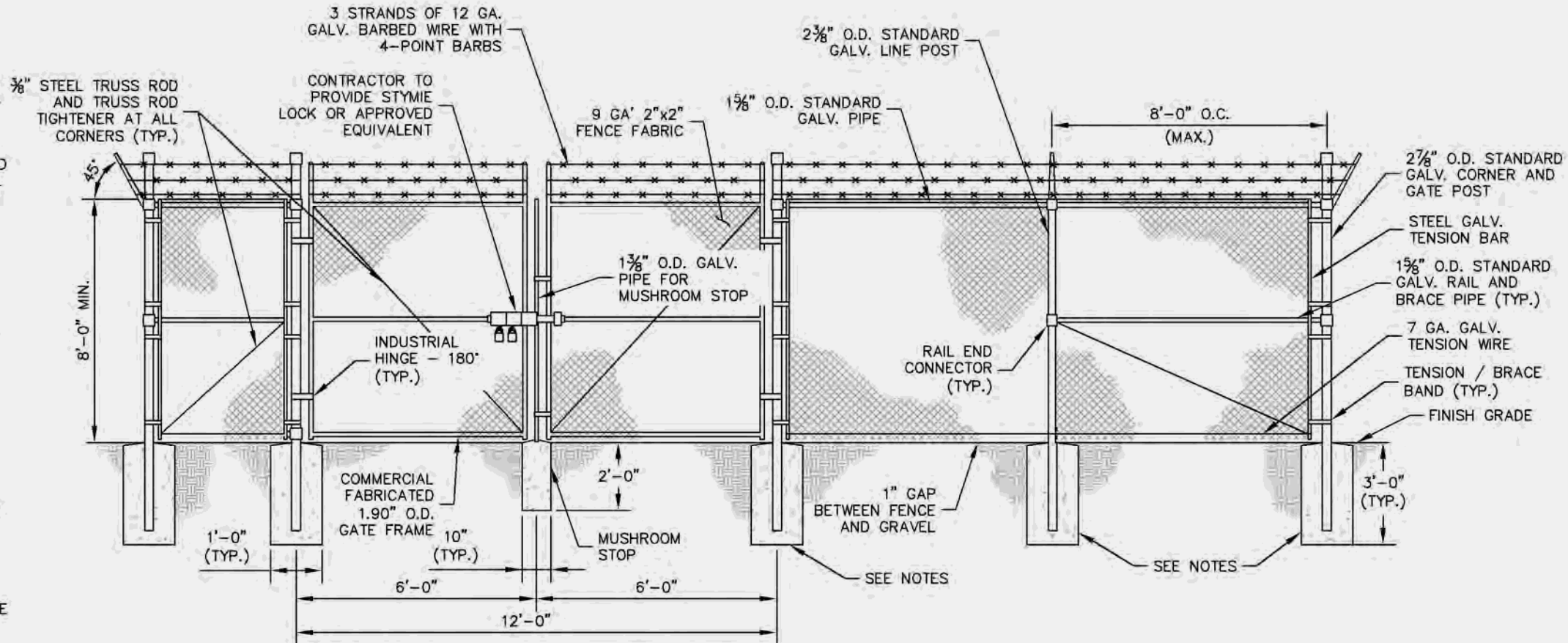
SHEET NUMBER:

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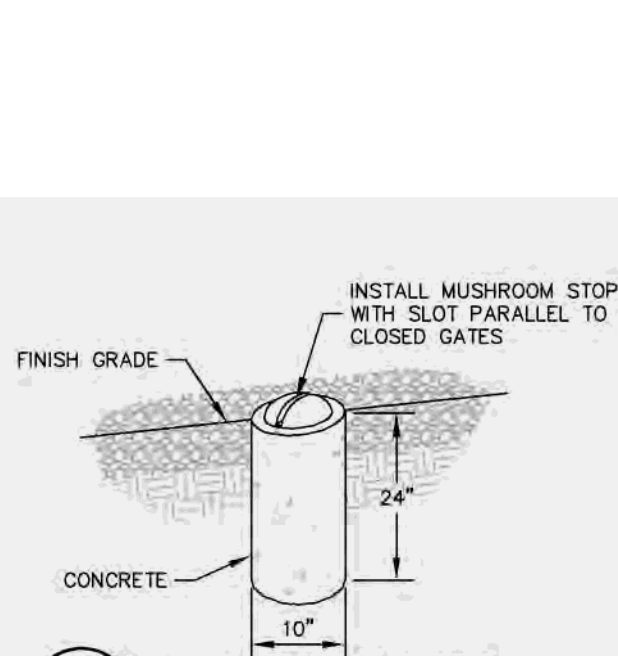


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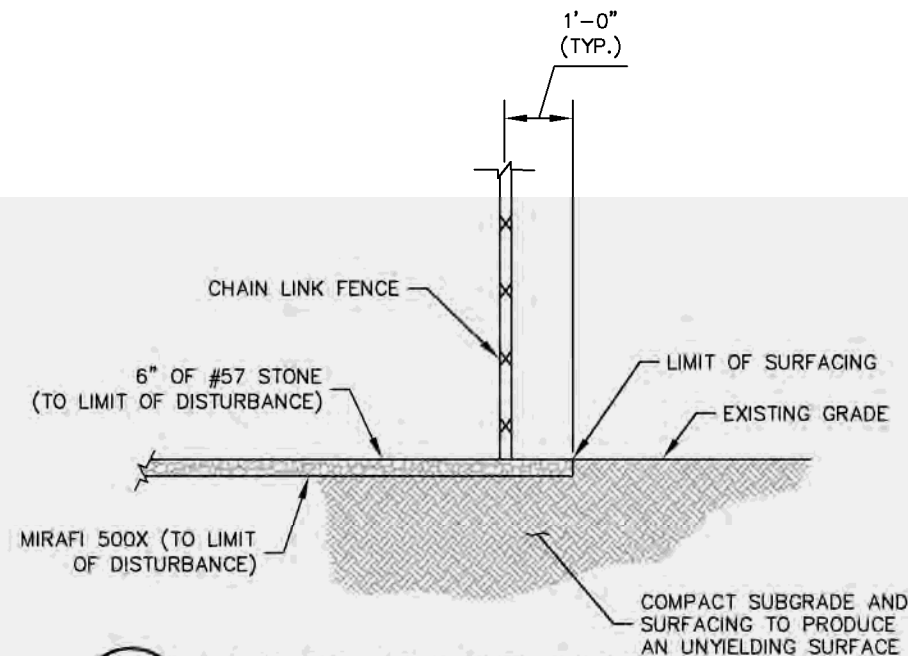
- FENCE NOTES:**
1. USE 3,000-PSI CONCRETE, FULLY CONSOLIDATED AROUND THE POST.
  2. WHERE THE POST IS SET IN ROCK OR CONCRETE, CORE A HOLE 12" DEEP AND 1" LARGER IN DIAMETER THAN THE POST. SET THE POST AND GROUT IN PLACE USING NON-SHRINK GROUT.
  3. ALL POSTS MUST BE PLUMB AND ALIGNED WITH ONE ANOTHER IN BOTH HORIZONTAL AND VERTICAL PLANES.
  4. CORNERS AND GATEPOSTS FOR CHAIN LINK FENCES SHALL EXTEND ABOVE THE TOP STRAND OF BARBED WIRE TO PROVIDE TENSIONING FOR THE BARBED WIRE.
  5. PROVIDE MIDRAILS AND BRACING AT ALL CORNER POSTS WHERE THE FENCE CHANGES DIRECTION BY MORE THAN 30 DEGREES.
  6. THE GRADE OF THE SITE AND INSTALLATION OF THE FENCE SHALL PROVIDE FOR NO MORE THAN A 1" GAP BETWEEN THE BOTTOM OF THE FENCE MATERIAL AND FINISH GRADE.
  7. CONTRACTOR SHALL PROVIDE HOLD OPEN DEVICES FOR ALL GATES AT THE SPECIFIED OPEN POSITIONS, DRIVEN PIPE TYPE RECEIVERS ARE NOT AUTHORIZED.
  8. CONTRACTOR SHALL ALSO PROVIDE A MUSHROOM TYPE RECEIVER AT THE CLOSE POSITION.



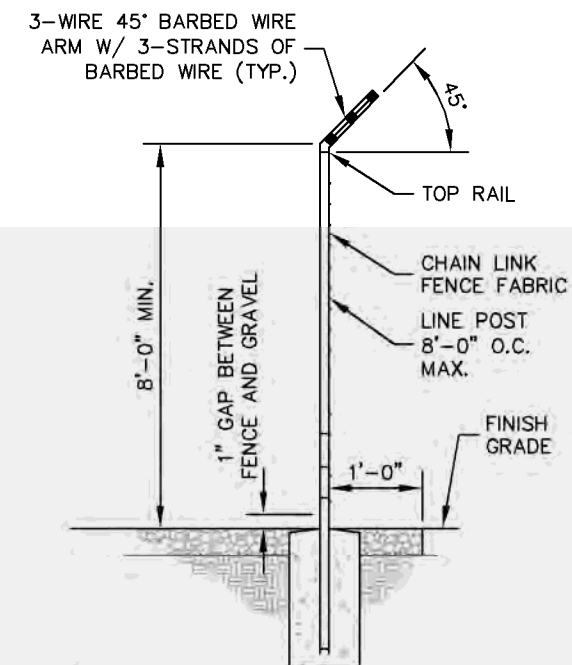
**1**  
**C7** CHAIN LINK FENCE AND GATE ELEVATION  
NOT TO SCALE



**2**  
**C7** MUSHROOM STOP  
NOT TO SCALE



**3**  
**C7** SITE COMPOUND SURFACE DETAIL  
NOT TO SCALE



**4**  
**C7** SECTION AT FENCE  
NOT TO SCALE

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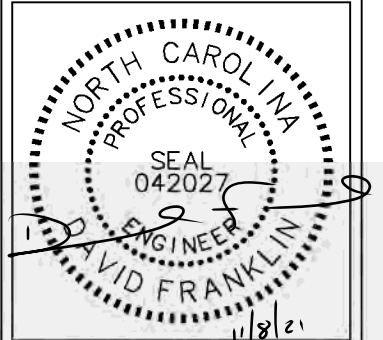
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**LICENSER:**



**KHA PROJECT NUMBER:**

013509351

**DRAWN BY:** **CHECKED BY:**

JAR

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**SHEET TITLE:**

**FENCE, GATE, AND  
COMPOUND  
DETAILS**

**SHEET NUMBER:**

**C7**

K:\ATL Wireless\000\_Verizon\2021 Sites\George\_Rd\CAD\08\EDC\08.dwg 11/05/21 1:34 PM by: christopher.stronge

**NOTE:**  
CURRENT DESIGN ANTICIPATES APPROXIMATELY 26,850± SQ. FT. (0.62 ACRES) OF CLEARING AND GRADING FOR THE PROPOSED PROJECT. IF ADDITIONAL CLEARING IS REQUIRED BEYOND WHAT IS SHOWN IN THE PLANS THE CONTRACTOR SHALL NOTIFY THE ENGINEER AND/OR PROJECT MANAGER. IF DURING THE BID WALK OR CONSTRUCTION IT IS DETERMINED THAT MORE THAN (1) ACRE OF LAND IS TO BE DISTURBED FOR CONSTRUCTION AN EROSION AND SEDIMENTATION CONTROL PLAN MUST BE FILED 30 DAYS PRIOR TO CONSTRUCTION.

- GRADING NOTES:**
1. THE CONTRACTOR SHALL CLEAR AND GRUB THE SITE AND PLACE, COMPACT, AND MOISTURE CONDITION ALL FILL PER THE PROJECT GEOTECHNICAL ENGINEERS SPECIFICATIONS. FILL MATERIAL SHALL BE APPROVED BY THE GEOTECHNICAL ENGINEER PRIOR TO PLACEMENT.
  2. ALL PROPOSED CONTOURS AND SPOT ELEVATIONS REFLECT FINISHED GRADES.
  3. CONTRACTOR SHALL BLEND EARTHWORK SMOOTHLY TO TRANSITION BACK TO EXISTING GRADE.
  4. PORTIONS OF THE SITE NOT SPECIFICALLY MENTIONED WITHIN THE GEOTECHNICAL REPORT SHALL BE COMPACTED TO 95 PERCENT OF THE MATERIALS MAXIMUM DRY DENSITY WITHIN 3 PERCENT OF OPTIMUM MOISTURE CONTENT.
  5. FILL SHALL BE PLACED IN MAXIMUM 8 INCH LOOSE LIFTS.
  6. UNDISTURBED AREAS WITHIN 30' INGRESS/EGRESS EASEMENT NOT NEEDED FOR UTILITY ROUTING TO BE LEFT UNDISTURBED.
  7. GROUND WATER SHOULD BE REASONABLY EXPECTED. ANY DE-WATERING OR MOISTURE CONDITIONING IS THE RESPONSIBILITY OF THE CONTRACTOR AND SHOULD BE INCLUDED IN THE CONTRACT PRICE.
  8. SEED ALL DISTURBED AREAS NOT TOPPED WITH GRAVEL PER SEEDING SCHEDULE ON DETAIL ON SHEET C9.
  9. MAXIMUM CUT SLOPE = 2H:1V UNLESS OTHERWISE NOTED.
  10. MAXIMUM FILL SLOPE = 3H:1V UNLESS OTHERWISE NOTED.

### LEGEND

EXISTING CONTOURS

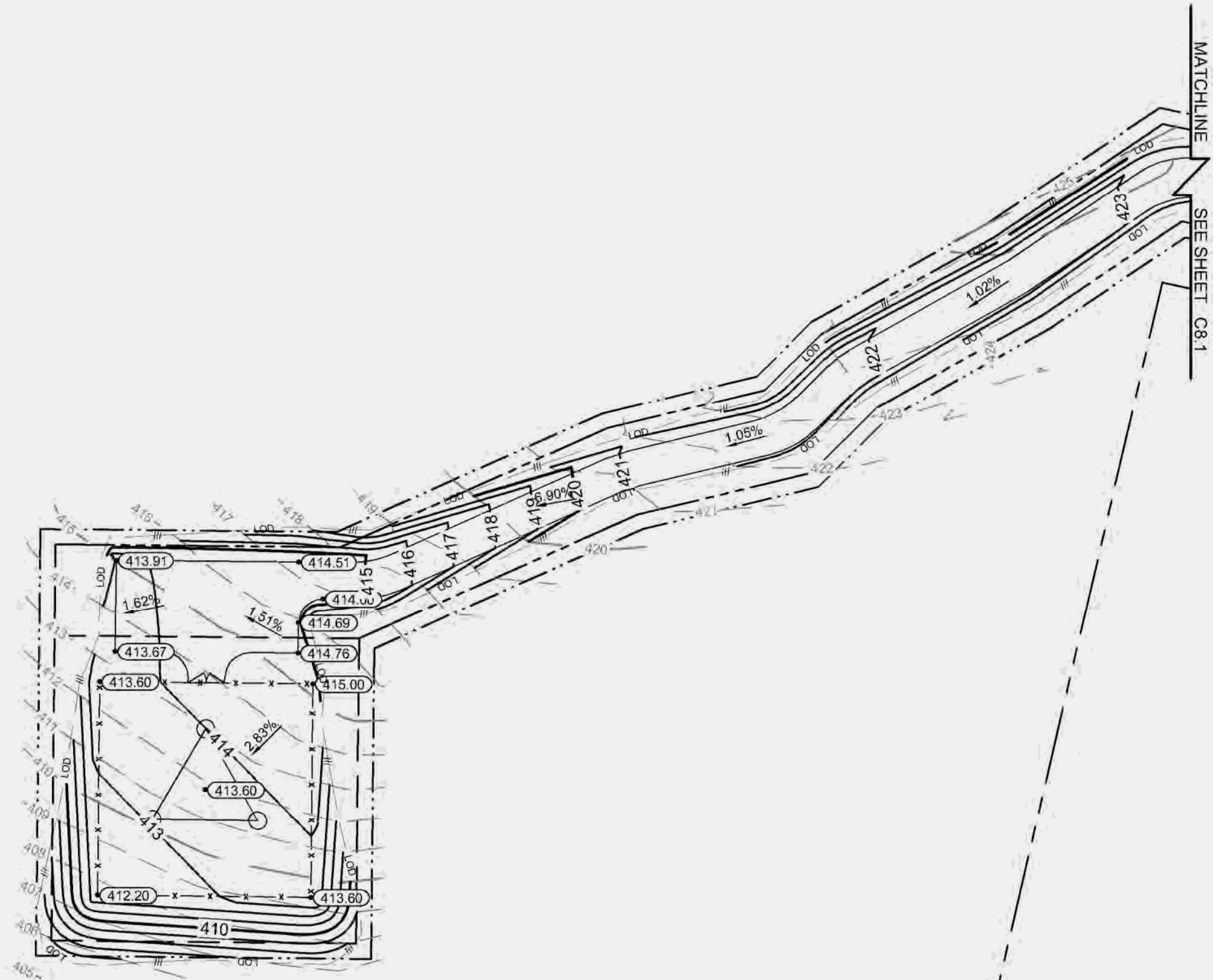
PROPOSED CONTOURS

LOD/SILT FENCE — LOD — ///

TPF — TPF — TPF

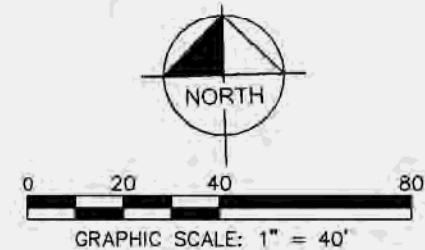
EXISTING SPOT ELEVATION ● XXX

PROPOSED SPOT ELEVATION ● XXX



## 1 GRADING & EROSION CONTROL PLAN

C8 SCALE: 1" = 40'



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8821 RESEARCH DRIVE  
CHARLOTTE, NORTH CAROLINA 28262

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BENNETT, NC 27208  
MOORE COUNTY

### PLANS PREPARED BY:

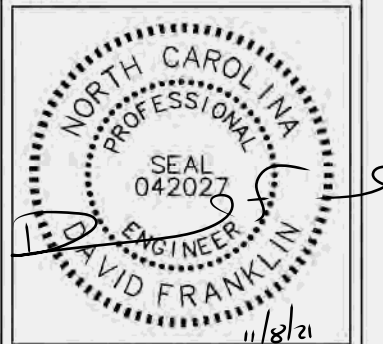
**Kimley»Horn**

11720 AMBER PARK DRIVE, SUITE 600  
ALPHARETTA, GA 30009  
PHONE: 770-619-4280  
WWW.KIMLEY-HORN.COM  
NC License F-0102

REV: DATE: ISSUED FOR: BY:

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0	11/05/21	CONSTRUCTION	DMF

LICENSER:



KHA PROJECT NUMBER:

013509351

DRAWN BY: CHECKED BY:

JAR

CDS

SHEET TITLE:

**GRADING AND  
EROSION  
CONTROL PLAN**

SHEET NUMBER:

**C8**



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NOTE:  
CURRENT DESIGN ANTICIPATES APPROXIMATELY 26,850± SQ. FT. (0.62 ACRES) OF CLEARING AND GRADING FOR THE PROPOSED PROJECT. IF ADDITIONAL CLEARING IS REQUIRED BEYOND WHAT IS SHOWN IN THE PLANS THE CONTRACTOR SHALL NOTIFY THE ENGINEER AND/OR PROJECT MANAGER. IF DURING THE BID WALK OR CONSTRUCTION IT IS DETERMINED THAT MORE THAN (1) ACRE OF LAND IS TO BE DISTURBED FOR CONSTRUCTION AN EROSION AND SEDIMENTATION CONTROL PLAN MUST BE FILED 30 DAYS PRIOR TO CONSTRUCTION.

GRADING NOTES:

1. THE CONTRACTOR SHALL CLEAR AND GRUB THE SITE AND PLACE, COMPACT, AND MOISTURE CONDITION ALL FILL PER THE PROJECT GEOTECHNICAL ENGINEERS SPECIFICATIONS. FILL MATERIAL SHALL BE APPROVED BY THE GEOTECHNICAL ENGINEER PRIOR TO PLACEMENT.
2. ALL PROPOSED CONTOURS AND SPOT ELEVATIONS REFLECT FINISHED GRADES.
3. CONTRACTOR SHALL BLEND EARTHWORK SMOOTHLY TO TRANSITION BACK TO EXISTING GRADE.
4. PORTIONS OF THE SITE NOT SPECIFICALLY MENTIONED WITHIN THE GEOTECHNICAL REPORT SHALL BE COMPACTED TO 95 PERCENT OF THE MATERIALS MAXIMUM DRY DENSITY WITHIN 3 PERCENT OF OPTIMUM MOISTURE CONTENT.
5. FILL SHALL BE PLACED IN MAXIMUM 8 INCH LOOSE LIFTS.
6. UNDISTURBED AREAS WITHIN 30' INGRESS/EGRESS EASEMENT NOT NEEDED FOR UTILITY ROUTING TO BE LEFT UNDISTURBED.
7. GROUND WATER SHOULD BE REASONABLY EXPECTED. ANY DE-WATERING OR MOISTURE CONDITIONING IS THE RESPONSIBILITY OF THE CONTRACTOR AND SHOULD BE INCLUDED IN THE CONTRACT PRICE.
8. SEED ALL DISTURBED AREAS NOT TOPPED WITH GRAVEL PER SEEDING SCHEDULE ON DETAIL ON SHEET C9.
9. MAXIMUM CUT SLOPE = 2H:1V UNLESS OTHERWISE NOTED.
10. MAXIMUM FILL SLOPE = 3H:1V UNLESS OTHERWISE NOTED.

LEGEND

EXISTING CONTOURS

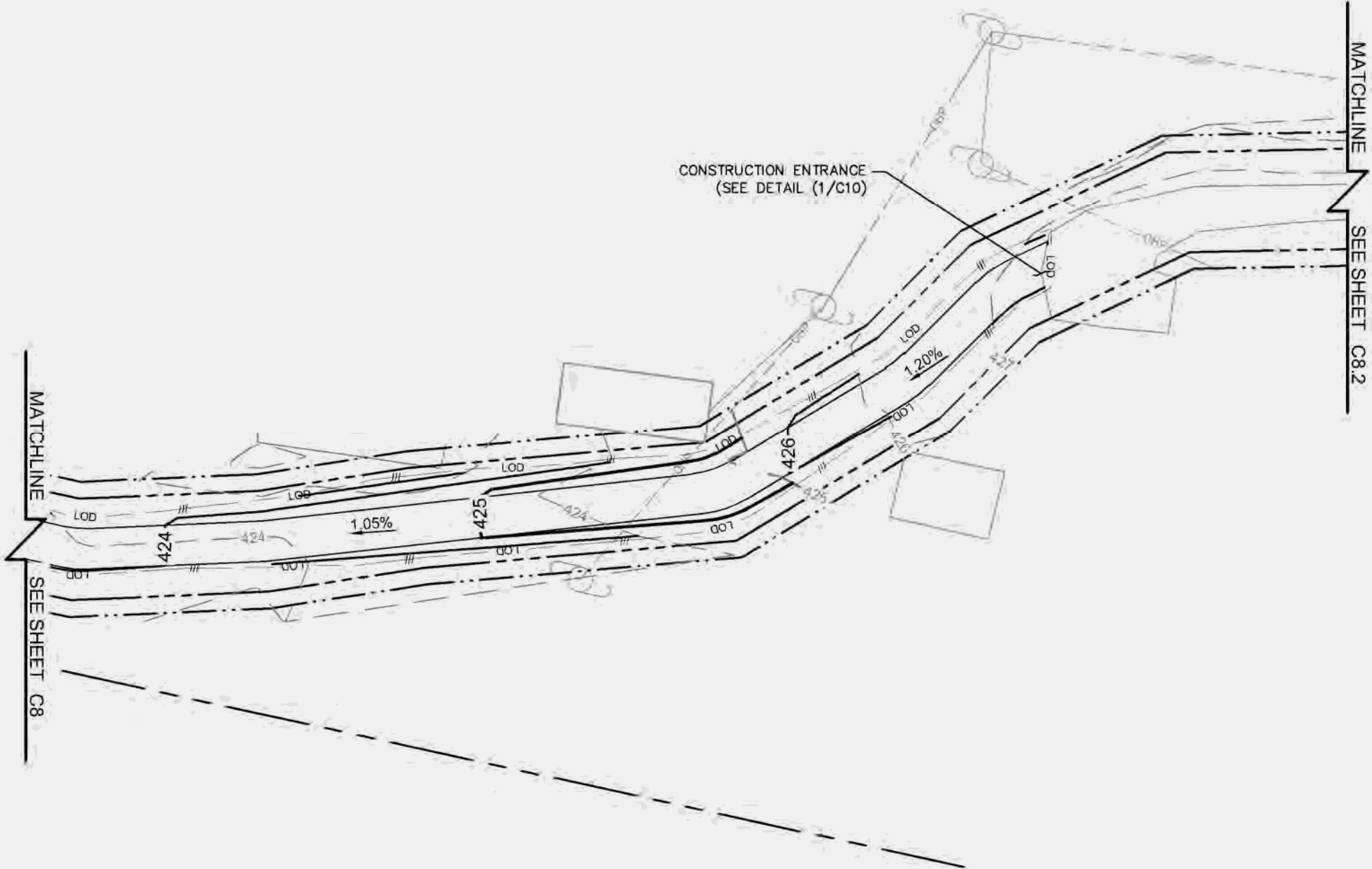
PROPOSED CONTOURS

LOD/SILT FENCE — LOD — ///

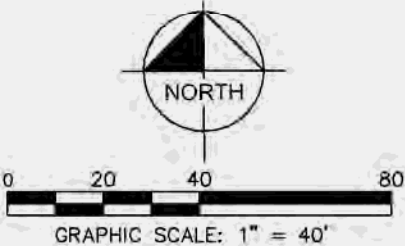
TPF — TPF — TPF

EXISTING SPOT ELEVATION > XXX

PROPOSED SPOT ELEVATION • XXX



1 GRADING & EROSION CONTROL PLAN  
C8.1 SCALE: 1" = 40'



verizon

8821 RESEARCH DRIVE  
CHARLOTTE, NORTH CAROLINA 28262

PROJECT INFORMATION:

SITE NAME:  
GEORGE\_RD  
SITE No.: 696361  
PROJECT #: 15160919  
NC HIGHWAY 22  
BENNETT, NC 27208  
MOORE COUNTY

PLANS PREPARED BY:

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GRADING AND  
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CONTROL PLAN

SHEET NUMBER:

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  2. ALL PROPOSED CONTOURS AND SPOT ELEVATIONS REFLECT FINISHED GRADES.
  3. CONTRACTOR SHALL BLEND EARTHWORK SMOOTHLY TO TRANSITION BACK TO EXISTING GRADE.
  4. PORTIONS OF THE SITE NOT SPECIFICALLY MENTIONED WITHIN THE GEOTECHNICAL REPORT SHALL BE COMPACTED TO 95 PERCENT OF THE MATERIALS MAXIMUM DRY DENSITY WITHIN 3 PERCENT OF OPTIMUM MOISTURE CONTENT.
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  8. SEED ALL DISTURBED AREAS NOT TOPPED WITH GRAVEL PER SEEDING SCHEDULE ON DETAIL ON SHEET C9.
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  10. MAXIMUM FILL SLOPE = 3H:1V UNLESS OTHERWISE NOTED.

**LEGEND**

EXISTING CONTOURS

PROPOSED CONTOURS

LOD/SILT FENCE — LOD — ///

TPF — TPF — TPF

EXISTING SPOT ELEVATION > XXX

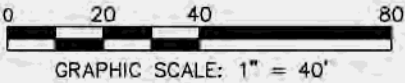
PROPOSED SPOT ELEVATION • XXX

SEE SHEET C8.1  
MATCHLINE

EXISTING 15" RCP

NC HIGHWAY 22  
(100' PUBLIC R/W PER  
PG. 15 SLIDE 822)

**1 GRADING & EROSION CONTROL PLAN**  
**C8.2** SCALE: 1" = 40'



**verizon**

8821 RESEARCH DRIVE  
CHARLOTTE, NORTH CAROLINA 28262

**PROJECT INFORMATION:**

**SITE NAME:**  
GEORGE RD  
**SITE No.:** 696361  
**PROJECT #:** 15160919  
NC HIGHWAY 22  
BENNETT, NC 27208  
MOORE COUNTY

**PLANS PREPARED BY:**

**Kimley»Horn**

11720 AMBER PARK DRIVE, SUITE 800  
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PHONE: 770-619-4280  
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NC License F-0102

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CDS

SHEET TITLE:

**GRADING AND  
EROSION  
CONTROL PLAN**

SHEET NUMBER:

**C8.2**

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EROSION CONTROL NOTES:

- 1. EROSION CONTROLS SHALL BE INSTALLED PRIOR TO CONSTRUCTION AND SHALL BE ADEQUATE TO MAINTAIN SEDIMENT ON SITE.
- 2. ALL EXCAVATED SOILS NOT NEEDED ON SITE FOR BACKFILL OPERATIONS SHALL BECOME PROPERTY OF THE CONTRACTOR AND SHALL BE TAKEN OFF SITE AND LEGALLY DISPOSED OF.
- 3. SOIL REMAINING ON SITE SHALL HAVE SILT FENCE TIGHTLY PLACED AROUND THE ENTIRE CIRCUMFERENCE OF THE PILE.
- 4. PROVIDE EROSION CONTROLS AS NECESSARY TO PREVENT EXISTING SOILS FROM DRAINING OFF SITE OR INTO EXISTING DRAINAGE STRUCTURES.
- 5. ERECTION OF EROSION CONTROLS SHALL BE IN ACCORDANCE WITH STATE AND LOCAL EROSION CONTROL REGULATIONS.

SEEDING SCHEDULE FOR WINTER / SPRING CONSTRUCTION ACTIVITIES

SEEDING MIXTURE

Species	Rate (lb/acre)
Rye (groin)	120
Annual lespedeza (Kabe in Piedmont and Coastal Plain, Korean in Mountains)	50

Omit annual lespedeza when duration of temporary cover is not to extend beyond June.

SEEDING DATES

Mountains--	Above 2500 ft:	Feb 15 - May 15
	Below 2500 ft.:	feb. 1 - May 1
Piedmont--	Jan. 1 - May 1	
Coastal Plain--	Dec. 1 - Apr. 15	

SOIL AMENDMENTS

Follow recommendations of soil tests or apply 2,000 lb/acre ground agricultural limestone and 750 lb/acre 10-10-10 fertilizer.

MULCH

Apply 4,000 lb/acre straw. Anchor straw by tacking with asphalt, netting, or a mulch anchoring tool. A disk with blades set nearly straight can be used as a mulch anchoring tool.

MAINTENANCE

Refertilize if growth is not fully adequate. Reseed, refertilize and mulch immediately following erosion or other damage.

SEEDING SCHEDULE FOR SUMMER CONSTRUCTION ACTIVITIES

SEEDING MIXTURE

Species	Rate (lb/acre)
Common Bermudagrass	40-80 (1-2 lb/1,000 sq.ft.)

SEEDING DATES

Coastal Plain--Apr. 1 - July  
Piedmont--Apr. 15 - June 30

SOIL AMENDMENTS

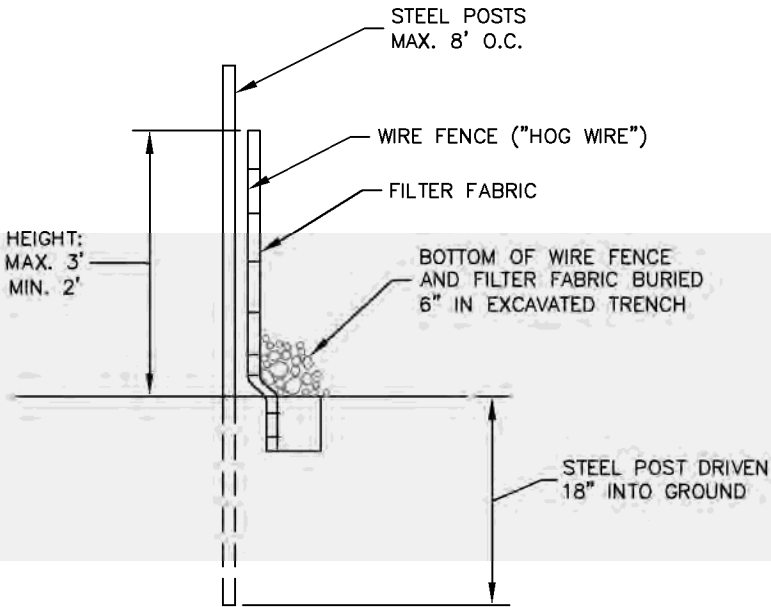
Apply lime and fertilizer according to soil tests, or apply 3,000 lb/acre ground agricultural limestone and 500 lb/acre 10-10-10 fertilizer.

MULCH

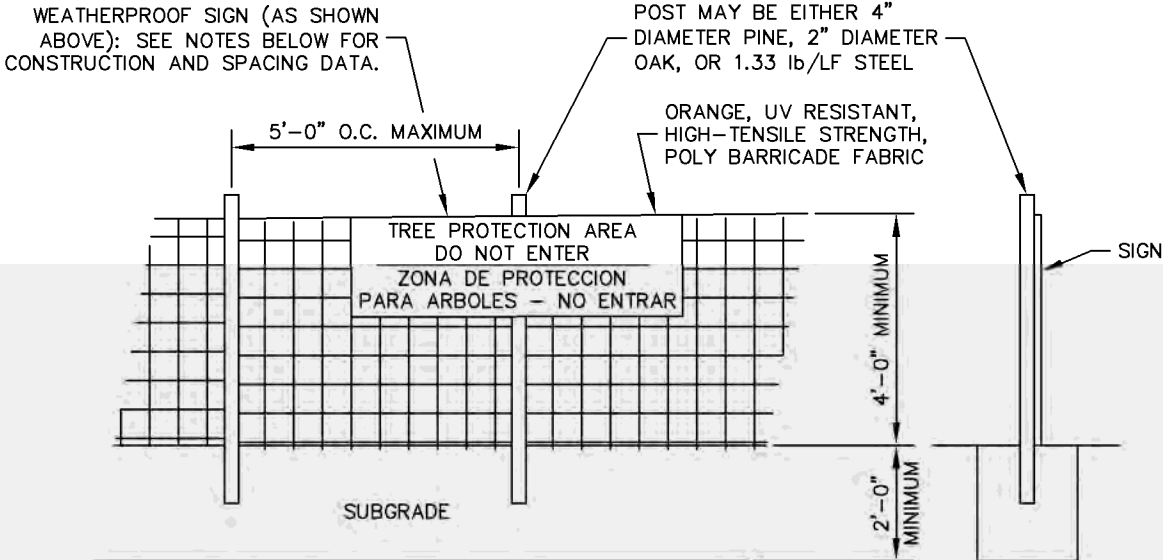
Use jute, excelsior matting, or other effective channel lining material to cover the bottom of channels and ditches. The lining should extend above the highest calculated depth of flow. On channel side slopes above this height, and in drainages not requiring temporary lining, apply 4,000 lb/acre grain straw and anchor straw by stapling netting over the top.

MAINTENANCE

A minimum of 3 weeks is required for establishment. Inspect and repair mulch frequently. Refertilize the following Apr. with 50 lb/acre nitrogen.



SECTION 1 SEDIMENT FENCE (SILT FENCE) C9 NOT TO SCALE



NOTES  
INSTALL TREE PROTECTION FENCE AND SIGNAGE PRIOR TO CALLING FOR SITE INSPECTION. MAINTAIN TREE PROTECTION FENCE THROUGHOUT DURATION OF PROJECT. ADDITIONAL SIGNS MAY BE REQUIRED BASED ON ACTUAL FIELD CONDITIONS.

SECTION 2 TREE PROTECTION FENCE C9 NOT TO SCALE

verizon

8821 RESEARCH DRIVE  
CHARLOTTE, NORTH CAROLINA 28262

PROJECT INFORMATION:

SITE NAME:  
GEORGE\_RD  
SITE No.: 696361  
PROJECT #: 15160919  
NC HIGHWAY 22  
BENNETT, NC 27208  
MOORE COUNTY

PLANS PREPARED BY:

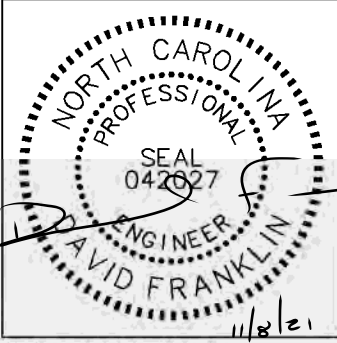
Kimley»Horn

11720 AMBER PARK DRIVE, SUITE 800  
ALPHARETTA, GA 30009  
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WWW.KIMLEY-HORN.COM  
NC License F-0102

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DRAWN BY: CHECKED BY:

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CDS

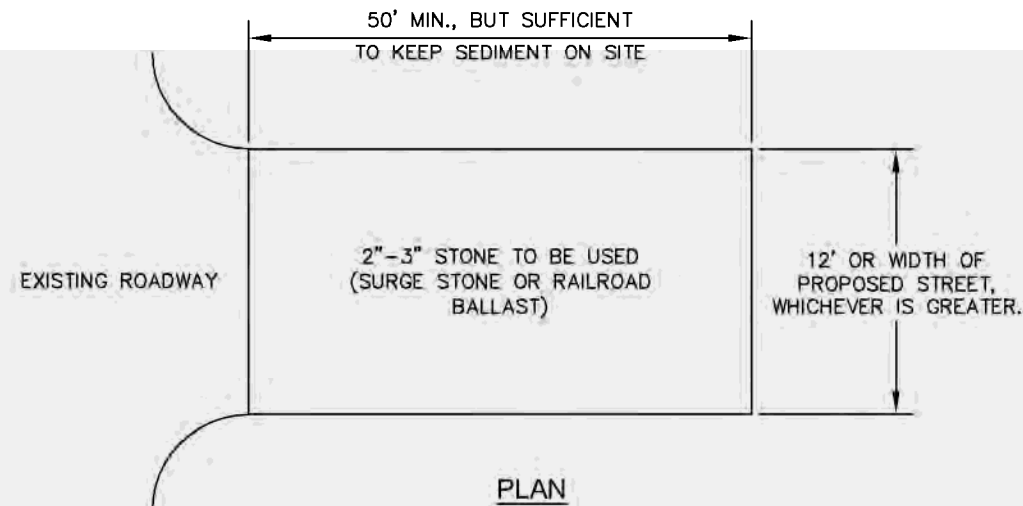
SHEET TITLE:

GRADING AND  
EROSION  
CONTROL DETAILS

SHEET NUMBER:

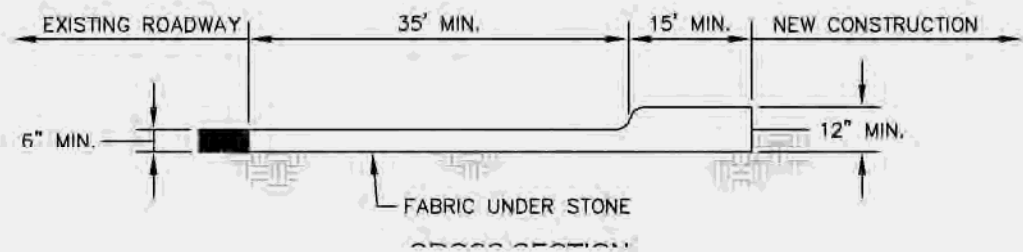
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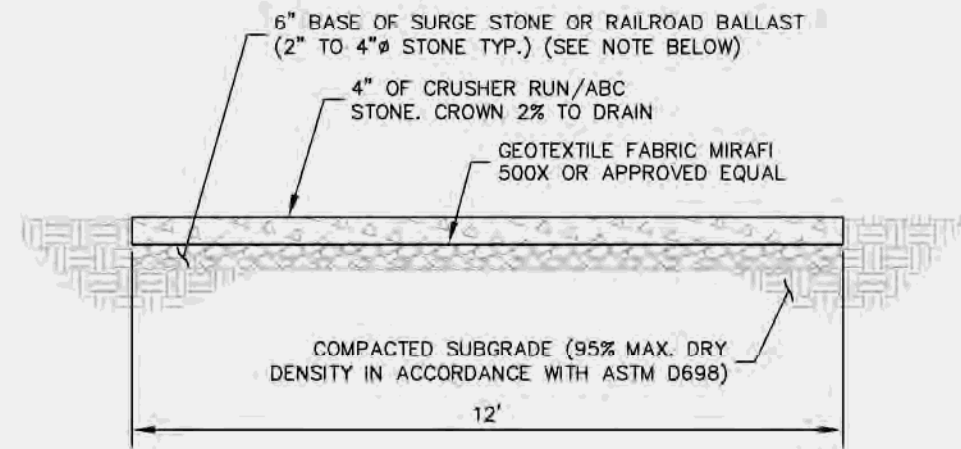


NOTES:

1. PUT SILT FENCE OR TREE PROTECTION FENCE UP TO ENSURE CONSTRUCTION ENTRANCE IS USED.
2. IF CONSTRUCTION ON THE SITES ARE SUCH THAT THE MUD IS NOT REMOVED BY THE VEHICLE TRAVELING OVER THE STONE, THEN THE TIRES OF THE VEHICLES MUST BE WASHED BEFORE ENTERING THE PUBLIC ROAD.
3. IF A PROJECT CONTINUES TO PULL MUD AND DEBRIS ON TO THE PUBLIC ROAD, THE GOVERNING AUTHORITY WILL CLEAN THE AREA AND INVOICE THE FINANCIALLY RESPONSIBLE PERSON AS INDICATED ON THE FINANCIAL RESPONSIBILITY FORM.



1 CONSTRUCTION ENTRANCE  
C10 NOT TO SCALE



NOTE:

IF DETERMINED NECESSARY DURING GRADING AND CONSTRUCTION OF THE ACCESS ROAD BY THE VERIZON WIRELESS PROJECT MANAGER, THE CONTRACTOR SHALL INSTALL 6" BASE OF SURGE STONE OR RAILROAD BALLAST (2" TO 4"Ø STONE TYP.)

2 STANDARD ACCESS ROAD AND TURN-AROUND DETAIL  
C10 NOT TO SCALE

verizon

8821 RESEARCH DRIVE  
CHARLOTTE, NORTH CAROLINA 28262

PROJECT INFORMATION:

SITE NAME:  
GEORGE\_RD  
SITE No.: 696361  
PROJECT #: 15160919  
NC HIGHWAY 22  
BENNETT, NC 27208  
MOORE COUNTY

PLANS PREPARED BY:

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ALPHARETTA, GA 30009  
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JAR

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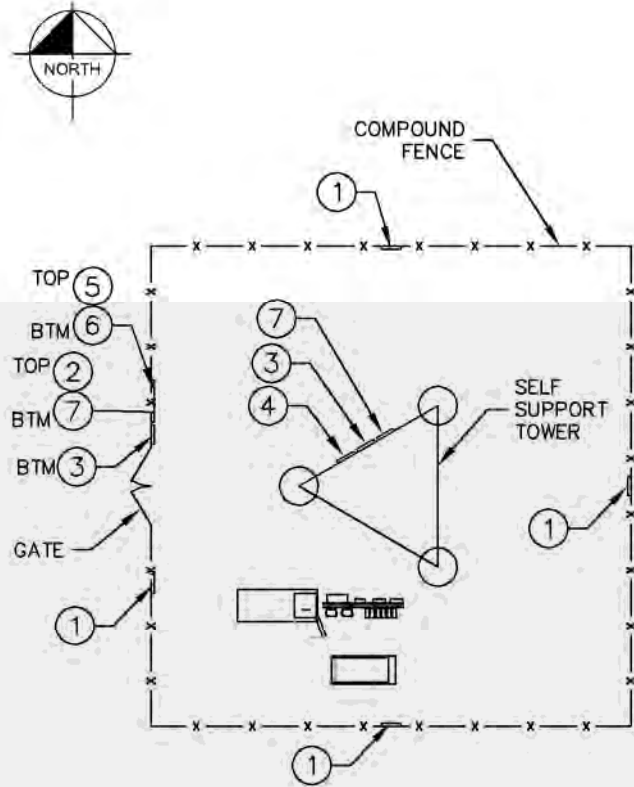
ACCESS ROAD  
DETAILS

SHEET NUMBER:

C10



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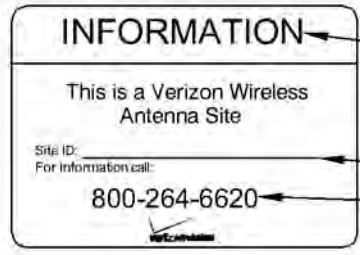


NOTE: SEE TYPICAL SIGNS AND SPECIFICATIONS  
DETAIL ON THIS SHEET FOR SIGN DESIGNATIONS.

1 SIGN PLACEMENT PLAN VIEW  
C11 NOT TO SCALE



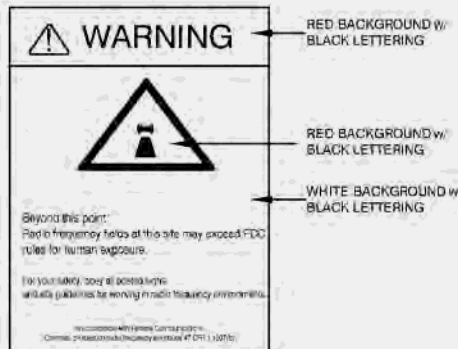
1 NO-TRESPASSING SIGN  
18" HIGH X 24" WIDE  
(OPERATIONS PROVIDED)



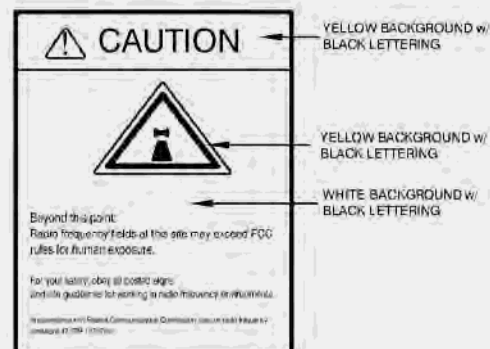
2 VERIZON WIRELESS - SITE ID SIGN  
15" HIGH X 23" WIDE  
(OPERATIONS PROVIDED)



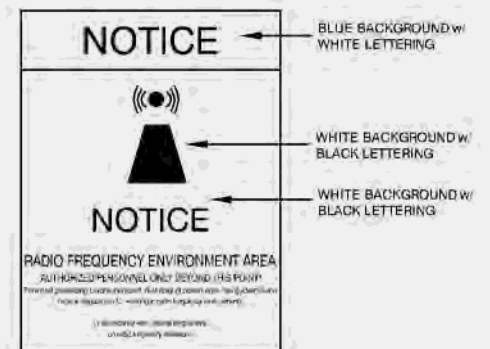
3 NOTICE-RFE SIGN  
12" HIGH X 18" WIDE  
(OPERATIONS PROVIDED)



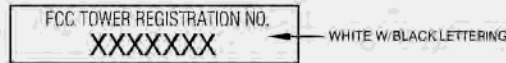
4 WARNING-RF SIGN (RED)  
12" WIDE X 18" HIGH



5 CAUTION-RF SIGN (YELLOW)  
12" WIDE X 18" HIGH

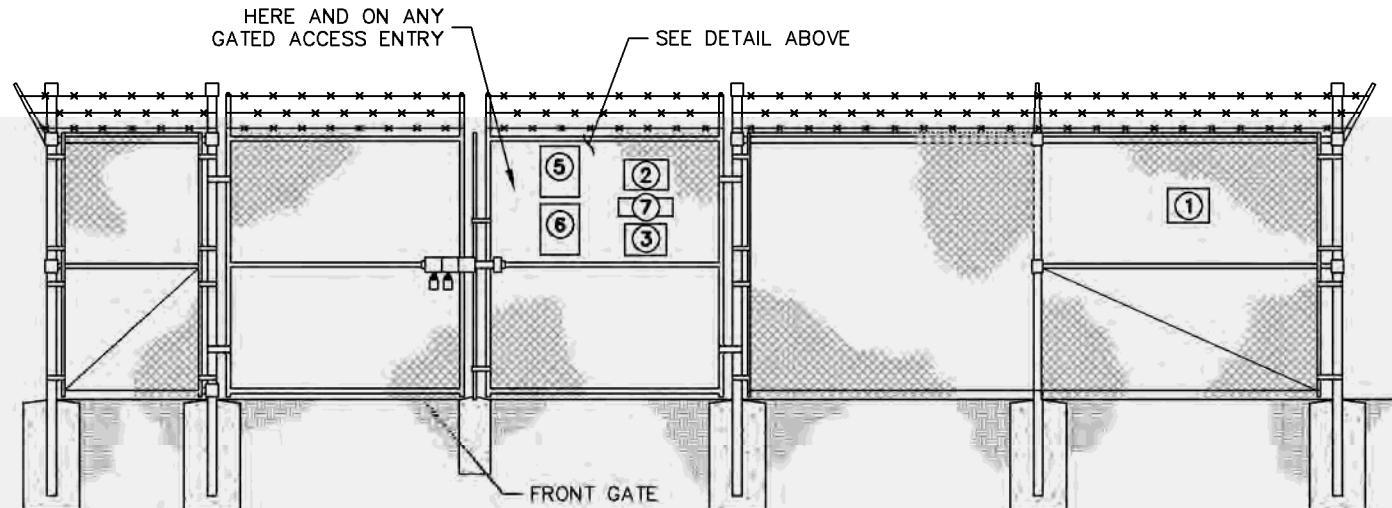


6 NOTICE-RF SIGN (BLUE)  
12" WIDE X 18" HIGH



7 FCC REGISTRATION SIGN  
20 WIDE X 4" HIGH

2 TYPICAL SIGNS AND SPECIFICATIONS  
C11 NOT TO SCALE



3 SIGN PLACEMENT FRONT GATE VIEW  
C11 NOT TO SCALE

SIGNAGE NOTES:  
1. SIGNS SHALL BE FABRICATED FROM CORROSION  
RESISTANT PRESSED METAL, AND PAINTED WITH LONG  
LASTING UV RESISTANT COATINGS.  
2. SIGNS (EXCEPT WHERE NOTED OTHERWISE) SHALL BE  
MOUNTED TO THE TOWER, GATE, AND FENCE USING A  
MINIMUM OF 9 GAUGE ALUMINUM WIRE, HOG RINGS (AS  
UTILIZED IN FENCE INSTALLATIONS) OR BRACKETS WHERE  
NECESSARY. BRACKETS SHALL BE OF SIMILAR METAL  
AS THE STRUCTURE TO AVOID GALVANIC CORROSION.

8821 RESEARCH DRIVE  
CHARLOTTE, NORTH CAROLINA 28262

PROJECT INFORMATION:

SITE NAME:  
GEORGE RD  
SITE No.: 696361  
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NC HIGHWAY 22  
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MOORE COUNTY

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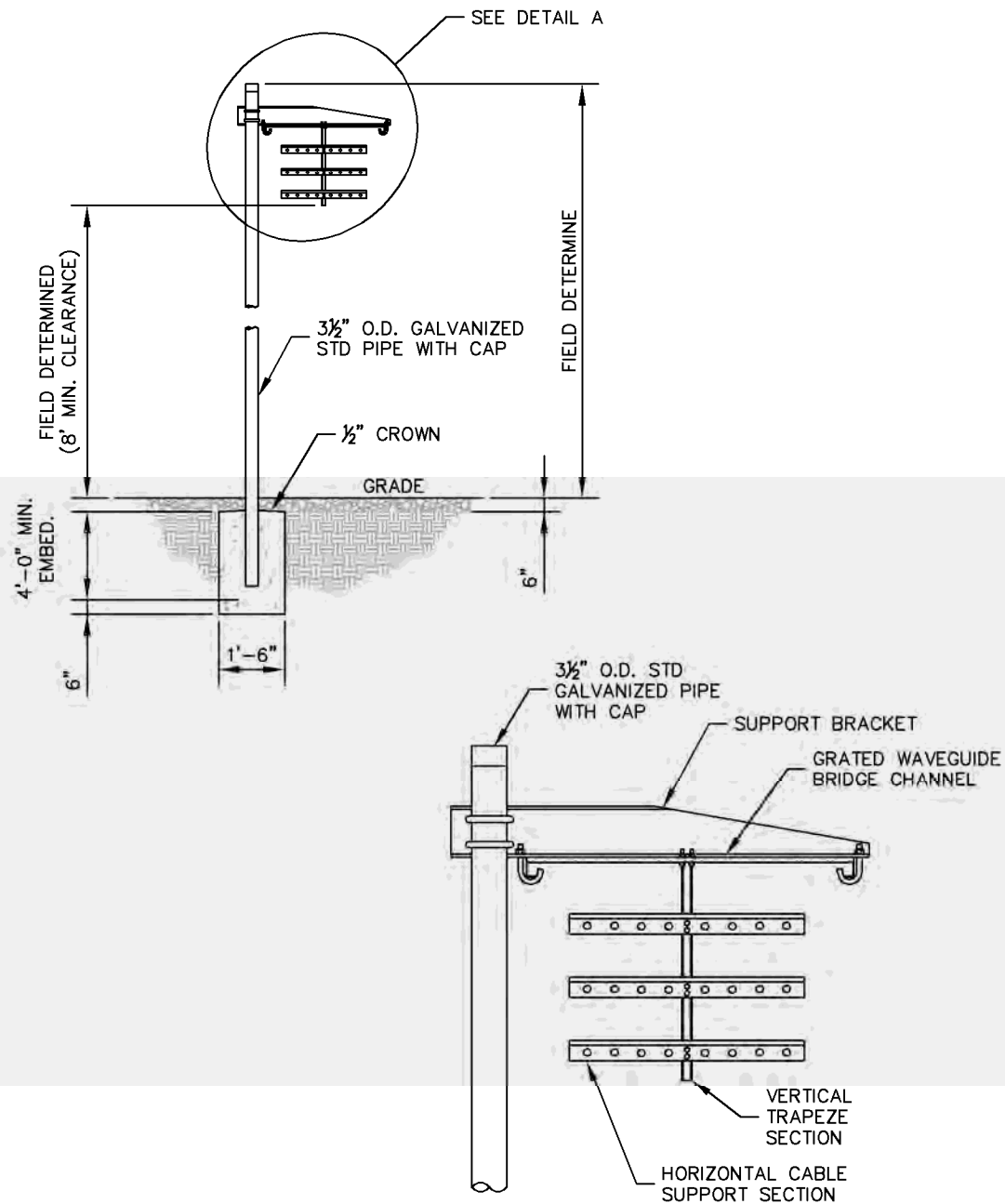
SITE SIGNAGE  
DETAILS

SHEET NUMBER:

C11



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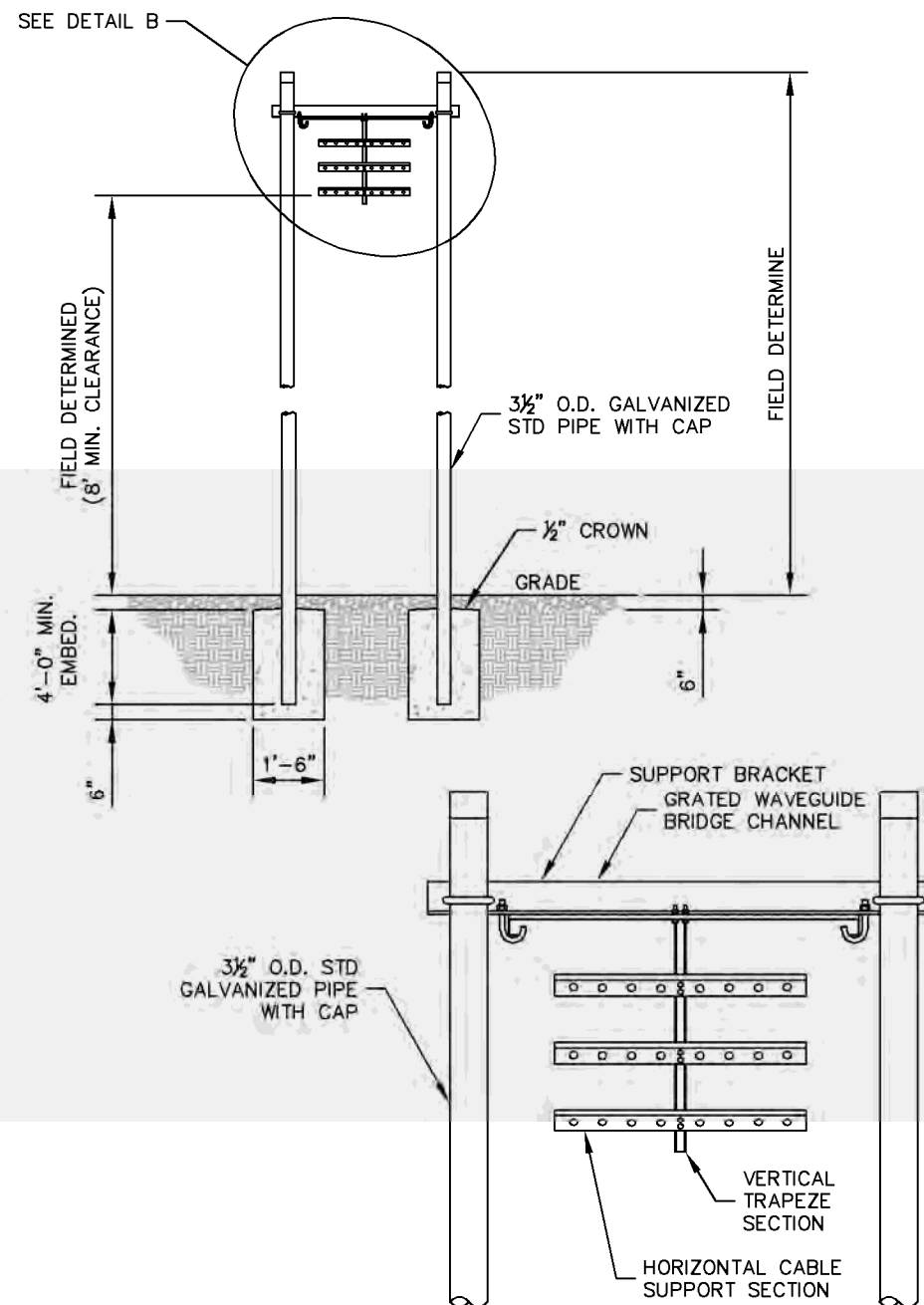
DETAIL A

ANDREW 1 POST WAVEGUIDE BRIDGE  
KIT (PART #: WB-K210-B15, OR  
APPROVED EQUIVALENT)

NOTE:

1. ALL MATERIALS FURNISHED BY CONTRACTOR  
UNLESS OTHERWISE NOTED.

1 WAVEGUIDE BRIDGE DETAIL  
C12 NOT TO SCALE



DETAIL B

ANDREW 2 POST WAVEGUIDE BRIDGE  
KIT (PART #: WB-K410-B15, OR  
APPROVED EQUIVALENT)

NOTE:

1. ALL MATERIALS FURNISHED BY CONTRACTOR  
UNLESS OTHERWISE NOTED.

2 WAVEGUIDE BRIDGE DETAIL (ALT DESIGN - 2 PIPE COLUMNS)  
C12 NOT TO SCALE

verizon

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CHARLOTTE, NORTH CAROLINA 28262

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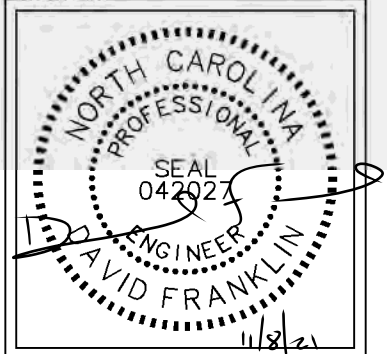
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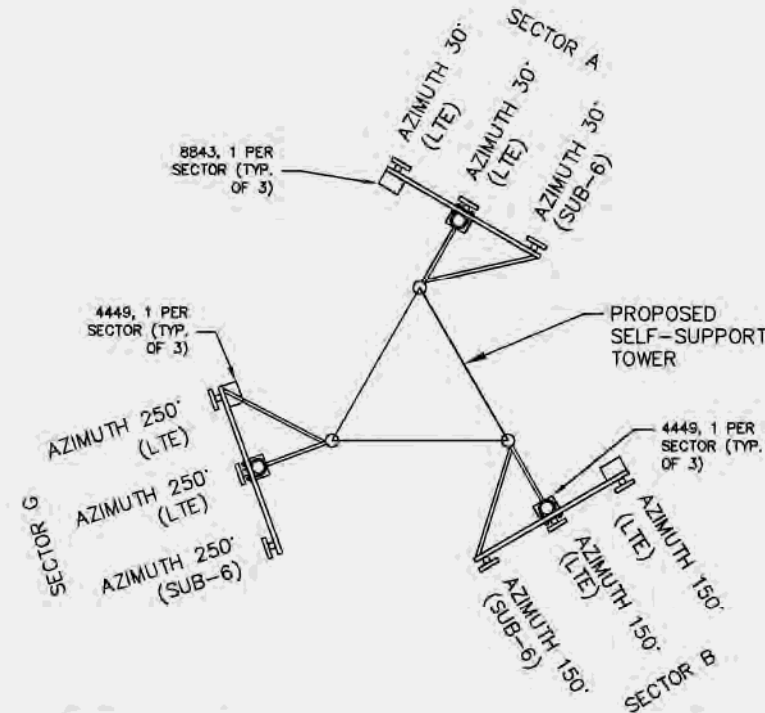
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SHEET TITLE:

WAVEGUIDE  
BRIDGE DETAILS

SHEET NUMBER:

C12



# 1 ANTENNA ORIENTATION PLAN

C13

(NOT TO SCALE, FOR ILLUSTRATIVE PURPOSES ONLY, SEE STRUCTURAL ANALYSIS BY OTHERS TO CONFIRM ANTENNA MOUNT TYPE)

**NOTE:**  
REFER TO RFDS PROVIDED BY VERIZON. CONTRACTOR TO CONTACT THE VERIZON WIRELESS CONSTRUCTION MANAGER PRIOR TO CONSTRUCTION FOR THE CONSTRUCTION RFDS.

**NOTES:**  
1. ALL INFORMATION ON THIS PAGE IS PROVIDED BY VERIZON WIRELESS AND/OR OTHERS AND IS SHOWN FOR ILLUSTRATIVE PURPOSES ONLY. CONTRACTOR SHALL CONTACT THE VERIZON WIRELESS CONSTRUCTION MANAGER PRIOR TO CONSTRUCTION FOR ALL DETAILED ANTENNA, AND COAX CABLE INFORMATION.

2. REFER TO STRUCTURAL ANALYSIS BY TOWER OWNER FOR ANALYSIS OF PROPOSED TOWER.

3. IT IS UNDERSTOOD THAT KIMLEY-HORN MAKES NO WARRANTY, EITHER EXPRESSED OR IMPLIED, FINDINGS, DESIGNS, RECOMMENDATIONS, SPECIFICATIONS, OPINION, OR PROFESSIONAL ADVICE RELATING TO THE STRUCTURAL ADEQUACY OF THE PROPOSED TOWER OR ATTACHMENT OF ANTENNAS OR OTHER APPURTENANCES.

**NOTE:** GENERAL CONTRACTOR TO INSTALL RAYCAP OVP, NUMBER AND TYPE PER VERIZON CONSTRUCTION MANAGER.

BEACON PER FAA REQUIREMENTS.  
EXTEND BEACON ABOVE TOP OF ANTENNAS  
PER VERIZON WIRELESS REQUIREMENTS.

TOP OF TOWER  
EL. 255' A.G.L.

TOP OF LIGHTNING ROD  
EL. 259' A.G.L.

PROPOSED LESSEE ANTENNAS  
EL. 250' A.G.L.

FUTURE ANTENNAS

FUTURE ANTENNAS

FUTURE ANTENNAS

FUTURE ANTENNAS

TOWER OBSTRUCTION LIGHTS

PROPOSED 255' SELF SUPPORT TOWER

PROPOSED CHAIN  
LINK SECURITY FENCE

PROPOSED LESSEE 10' X 4'  
CONCRETE PAD WITH  
EQUIPMENT CABINET

EXISTING GRADE  
(±0' A.G.L.)

# 2 SELF-SUPPORT TOWER ELEVATION

C13

NOT TO SCALE

**NOTES:**

1. ALL PROPOSED ATTACHMENTS TO TOWER BASED ON TOWER DESIGN DRAWINGS BY OTHERS (SEE GENERAL NOTE 1.07, SHEET N1).
2. THE TOWER ELEVATION SHOWN IS FOR REFERENCE ONLY.
3. COAX/FIBER CABLE LENGTHS ARE APPROXIMATE. CONTRACTOR TO VERIFY CORRECT LENGTH IN FIELD AT TIME OF CONSTRUCTION.
4. PROPOSED TOWER WILL BE GALVANIZED STEEL-GRAY IN COLOR.



PROJECT INFORMATION:

SITE NAME:  
GEORGE RD  
SITE No.: 696361  
PROJECT #: 15160919  
NC HIGHWAY 22  
BENNETT, NC 27208  
MOORE COUNTY

PLANS PREPARED BY:



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REV: DATE: ISSUED FOR: BY:

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PURPOSES ONLY-  
NO SIGNATURE  
REQUIRED

KHA PROJECT NUMBER:

013509351

DRAWN BY: CHECKED BY:

JAR

CDS

SHEET TITLE:

ANTENNA AND  
TOWER ELEVATION  
DETAILS

SHEET NUMBER:

C13

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ELECTRICAL NOTES

1.00 CODES, STANDARDS, & SPECIFICATIONS

- 1.01 IT IS THE CONTRACTOR'S RESPONSIBILITY TO ENSURE THAT ALL MATERIALS AND LABOR RELATED DIRECTLY OR INDIRECTLY TO ALL ELECTRICAL WORK DOCUMENTED IN THESE DRAWINGS SHALL BE PROVIDED AND PERFORMED IN CONFORMANCE WITH ALL CURRENT GOVERNING CODES, STANDARDS, AND PROFESSIONAL STANDARD OF CARE TO INCLUDE THE AMERICAN SOCIETY FOR TESTING AND MATERIALS (ASTM), UNDERWRITERS LABORATORY (UL), NATIONAL ELECTRICAL MANUFACTURERS ASSOCIATION (NEMA), AMERICAN STANDARDS ASSOCIATION (ASA), NATIONAL FIRE PROTECTION ASSOCIATION (NFPA), AND THE NATIONAL ELECTRICAL CODE (NEC).
- 1.02 MATERIALS SHALL BE NEW AND SHALL CONFORM TO ALL APPLICABLE CURRENT GOVERNING STANDARDS ESTABLISHED FOR EACH ITEM BY ASTM, UL, NEMA, ASA, AND NFPA.
- 1.03 ALL ELECTRICAL WORK SHALL COMPLY WITH ALL APPLICABLE STATE, COUNTY, AND MUNICIPAL CODES AND ORDINANCES, AS WELL AS ALL CURRENT GOVERNING STANDARDS AND PRACTICES AS REQUIRED BY NEC, NEMA, ANSI, NFPA, UBC, UL, IEEE, AND THE LOCAL UTILITY COMPANY.
- 1.04 ALL ELECTRICAL GROUNDING SHALL COMPLY WITH THE CURRENT EDITION OF THE NEC.
- 1.05 CONTRACTOR SHALL MAINTAIN UL LISTED FIRE RATINGS AT ALL WALL PENETRATIONS.
- 1.06 CONTRACTOR SHALL MAINTAIN A MINIMUM CLEARANCE OF 36" IN FRONT OF ALL ELECTRICAL EQUIPMENT AS REQUIRED BY NEC. MINIMUM CLEARANCE SHALL BE OBSERVED FOR BOTH THE FRONT AND THE REAR OF THE METER H-FRAME RACK AND THE EQUIPMENT H-FRAME RACK.

2.00 GENERAL

- 2.01 CONTRACTOR SHALL BE RESPONSIBLE FOR ALL PERMITS AND ASSOCIATED FEES RELATED TO THE PROJECT AND SHALL DELIVER A COPY OF ALL PERMITS TO THE VERIZON REPRESENTATIVE.
- 2.02 CONTRACTOR SHALL SCHEDULE AND SHOULD ATTEND ALL INSPECTIONS REQUIRED BY THE JURISDICTION HAVING AUTHORITY.
- 2.03 CONTRACTOR SHALL FURNISH ALL LABOR, MATERIALS, TOOLS, ACCESSORIES, ETC., FOR A COMPLETE WORKING ELECTRICAL INSTALLATION.
- 2.04 ALL WORK SHALL BE PERFORMED IN STRICT ACCORDANCE WITH APPLICABLE BUILDING CODES AND LOCAL ORDINANCES, INSTALLED IN A NEAT MANNER, AND SHALL BE SUBJECT TO APPROVAL BY THE ENGINEER.
- 2.05 CONTRACTOR SHALL PROTECT ADJACENT EQUIPMENT AND FINISHES FROM DAMAGE AND SHALL REPAIR TO ORIGINAL CONDITION ANY ITEMS DAMAGED AS A RESULT OF THE WORK.
- 2.06 CONTRACTOR SHALL REPAIR ANY LANDSCAPING DISTURBED DURING CONSTRUCTION.
- 2.07 IF CONDUIT RUNS HAVE MORE THAN THREE (3) CONSECUTIVE 90 DEGREE TURNS, THE CONTRACTOR SHALL INSTALL PULL BOXES AS REQUIRED BY NEC.
- 2.08 CONTRACTOR SHALL INDICATE THE LOCATION OF ALL CAPPED UNDERGROUND SPARE CONDUIT ON THE RECORD DRAWINGS SUBMITTED TO THE OWNER.
- 2.09 CONTRACTOR SHALL COORDINATE EXACT ROUTING OF CONDUIT WITH OWNER. ALL CONDUIT SHALL BE ROUTED WITHIN 3 FEET, EITHER SIDE, OF PERIMETER FENCING.

3.00 MATERIALS

- 3.01 ALL EQUIPMENT AND MATERIALS SHOWN SHALL BE CONSIDERED NEW UNLESS SPECIFICALLY NOTED OTHERWISE ON THE DRAWINGS.
- 3.02 FINAL CONNECTIONS OF EQUIPMENT SHALL BE PER MANUFACTURER'S APPROVED WIRING DIAGRAMS, DETAILS, AND INSTRUCTIONS. THE ELECTRICAL CONTRACTOR SHALL PROVIDE MATERIALS AND EQUIPMENT COMPATIBLE WITH EQUIPMENT SUPPLIED BY VERIZON.
- 3.03 CONTRACTOR SHALL PROVIDE AN UPDATED PANELBOARD DIRECTORY FOR THE PANEL FROM WHICH THE NEW VERIZON EQUIPMENT CIRCUIT WILL BE CONNECTED. CONTRACTOR SHALL SUBMIT UPDATED DIRECTORY IN A PLASTIC COVER TO THE BUILDING OWNER FOR APPROVAL PRIOR TO INSTALLATION.
- 3.04 CONTRACTOR SHALL FIELD DETERMINE ACTUAL CONDUIT ROUTING AND SHALL OBTAIN APPROVAL FROM THE TOWER OWNER OF THE PROPOSED ROUTING PRIOR TO CONDUIT INSTALLATION.
- 3.05 ALL CONDUCTORS SHALL BE COPPER WITH THWN INSULATION AND ALL TERMINATIONS SHALL BE RATED FOR AT LEAST 75 DEGREES CELSIUS.
- 3.06 ALL NEUTRAL CONDUCTORS SHALL HAVE WHITE INSULATION. ALL GROUND CONDUCTORS SHALL HAVE GREEN INSULATION. COLOR TAPE IDENTIFICATION OF THESE CONDUCTORS IS NOT PERMITTED.
- 3.07 CONTRACTOR SHALL SEAL ALL CONDUITS ENTERING AN ENCLOSURE WITH CONDUIT SEALANT THAT IS COMPATIBLE WITH THE INSULATION OF THE CONDUCTORS IN THE CONDUIT.
- 3.08 CONDUIT RUNS SHALL HAVE A CONTINUOUS DOWNWARD SLOPE AWAY FROM ALL EQUIPMENT TO PREVENT WATER INFILTRATION.
- 3.09 ALL CONDUIT SHALL BE SCHEDULE 40 PVC UNLESS NOTED OTHERWISE ON THE PLANS. WHEN CONDUIT IS ROUTED UNDER A ROADWAY, SCHEDULE 80 PVC CONDUIT SHALL BE UTILIZED. MANUFACTURED BEND RADII SHALL BE PER NEC.
- 3.10 CONTRACTOR SHALL PROVIDE TWO (2) 200 POUND TEST POLYETHYLENE PULL CORDS IN ALL CONDUITS AND ALL INNERDUCTS. PULL CORDS SHALL BE SECURED AT EACH END OF CONDUIT RUNS. ALL SPARE CONDUIT ENDS SHALL BE CAPPED WITH MANUFACTURED PVC FITTINGS.
- 3.11 CONTRACTOR SHALL BOND EACH METALLIC CONDUIT ENTERING A METALLIC ENCLOSURE WITH A #8 MIN AWG INSULATED COPPER BONDING JUMPER PER NEC. CONTRACTOR SHALL BOND ALL ELECTRICAL EQUIPMENT TO THE H-FRAME RACK ON WHICH EQUIPMENT IS MOUNTED WITH #8 MIN AWG INSULATED COPPER BONDING JUMPERS PER NEC.
- 3.12 CONTRACTOR SHALL IDENTIFY THE END OF ALL SPARE UNDERGROUND CONDUITS AND PROVIDE AND INSTALL 90 DEGREE ELBOWS WITH VERTICAL CONDUIT EXTENSIONS TO EXTEND 3" ABOVE FINISHED CRUSHED AGGREGATE GRADE. CONTRACTOR SHALL TERMINATE CONDUITS WITH MANUFACTURED CONDUIT CAPS THAT THE CONTRACTOR HAS PAINTED ORANGE.
- 3.13 CONTRACTOR SHALL PROVIDE AND INSTALL AN ENGRAVED PHENOLIC PLATE ON THE FRONT OF THE INTEGRATED LOAD CENTER. THE WORDING ON THE PLATE SHALL READ AS FOLLOWS: "MAXIMUM DRAW OF ALL RECTIFIERS AND EQUIPMENT ON THE LOAD CENTER CANNOT EXCEED 50kW. IF ADDITIONAL POWER IS REQUIRED, THE EXISTING 50kW GENERATOR MUST BE REPLACED."

4.00 PRE-CONSTRUCTION COORDINATION

- 4.01 CONTRACTOR SHALL VISIT THE SITE PRIOR TO BID AND NOTE EXISTING CONDITIONS THAT MIGHT AFFECT THEIR WORK. ALL SUCH CONDITIONS SHALL BE REPORTED TO THE ENGINEER PRIOR TO BID.
- 4.02 THE CONTRACTOR SHALL PROVIDE A UTILITY LOCATOR AND SHALL VERIFY THE ACTUAL LOCATION OF ALL UTILITIES PRIOR TO CONSTRUCTION. THE CONTRACTOR SHALL BE RESPONSIBLE FOR PROTECTING ALL EXISTING UTILITIES. ANY DAMAGE TO EXISTING UTILITIES SHALL BE REPAIRED AT THE CONTRACTOR'S EXPENSE.
- 4.03 CONTRACTOR SHALL VERIFY, PRIOR TO ROUGH-IN, THAT SITE CONDITIONS ALLOW FOR THE PLACEMENT OF THE ELECTRICAL EQUIPMENT AS SHOWN ON THE PLANS.
- 4.04 CONTRACTOR SHALL COORDINATE WITH LOCAL ELECTRICAL UTILITY REGARDING THE EXACT LOCATION OF THE TRANSFORMER, ALL METERING REQUIREMENTS, AND CONDUIT ROUTING BETWEEN TRANSFORMER AND METER.
- 4.05 CONTRACTOR SHALL COORDINATE WITH LOCAL TELCO UTILITY REGARDING THE EXACT LOCATION OF THE TELCO SERVICE ENTRY POINT.
- 4.06 CONTRACTOR SHALL COORDINATE WITH AUTHORITY HAVING JURISDICTION REGARDING LOCAL FROST LINE REQUIREMENTS FOR RACEWAY MATERIAL SELECTION AND INSTALLATION.
- 4.07 CONTRACTOR SHALL PERFORM AN ARC FLASH ANALYSIS AT THE INTEGRATED LOAD CENTER AND PROVIDE ARC FLASH LABEL PER NEC.
- 4.08 ALL CIRCUIT BREAKERS AND EQUIPMENT SHALL HAVE A MINIMUM AIC RATING OF 10,000 AMPS. IF THE RATING OF THE UTILITY TRANSFORMER PROVIDING THE ELECTRICAL SERVICE IS GREATER THAN 75 kVA, THE CONTRACTOR SHALL PERFORM A SHORT CIRCUIT ANALYSIS TO DETERMINE THE REQUIRED AIC RATING FOR THE CIRCUIT BREAKERS AND EQUIPMENT. PRIOR TO PURCHASING EQUIPMENT, THE CONTRACTOR SHALL CONTACT THE ELECTRIC UTILITY AND OBTAIN IN WRITING THE MAXIMUM AVAILABLE FAULT CURRENT (AFC) AT THE UTILITY SERVICE POINT. PROVIDE MAX. AFC SIGNAGE AS REQUIRED PER NEC 110.24. THE CONTRACTOR SHALL ENSURE ALL ELECTRICAL EQUIPMENT, CIRCUIT BREAKERS, DISCONNECTS, FUSES, AND PANELBOARDS HAVE A FAULT CURRENT INTERRUPTING RATING GREATER THAN THE AVAILABLE FAULT CURRENT.



8821 RESEARCH DRIVE  
CHARLOTTE, NORTH CAROLINA 28262

PROJECT INFORMATION:

SITE NAME:  
GEORGE\_RD  
SITE No.: 696361  
PROJECT #: 15160919  
NC HIGHWAY 22  
BENNETT, NC 27208  
MOORE COUNTY

PLANS PREPARED BY:

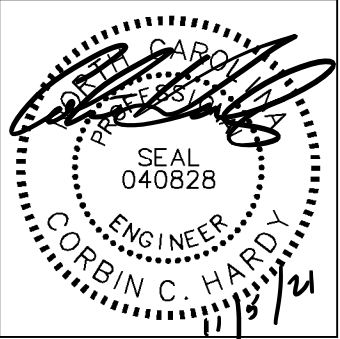


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LICENSER:



KHA PROJECT NUMBER:

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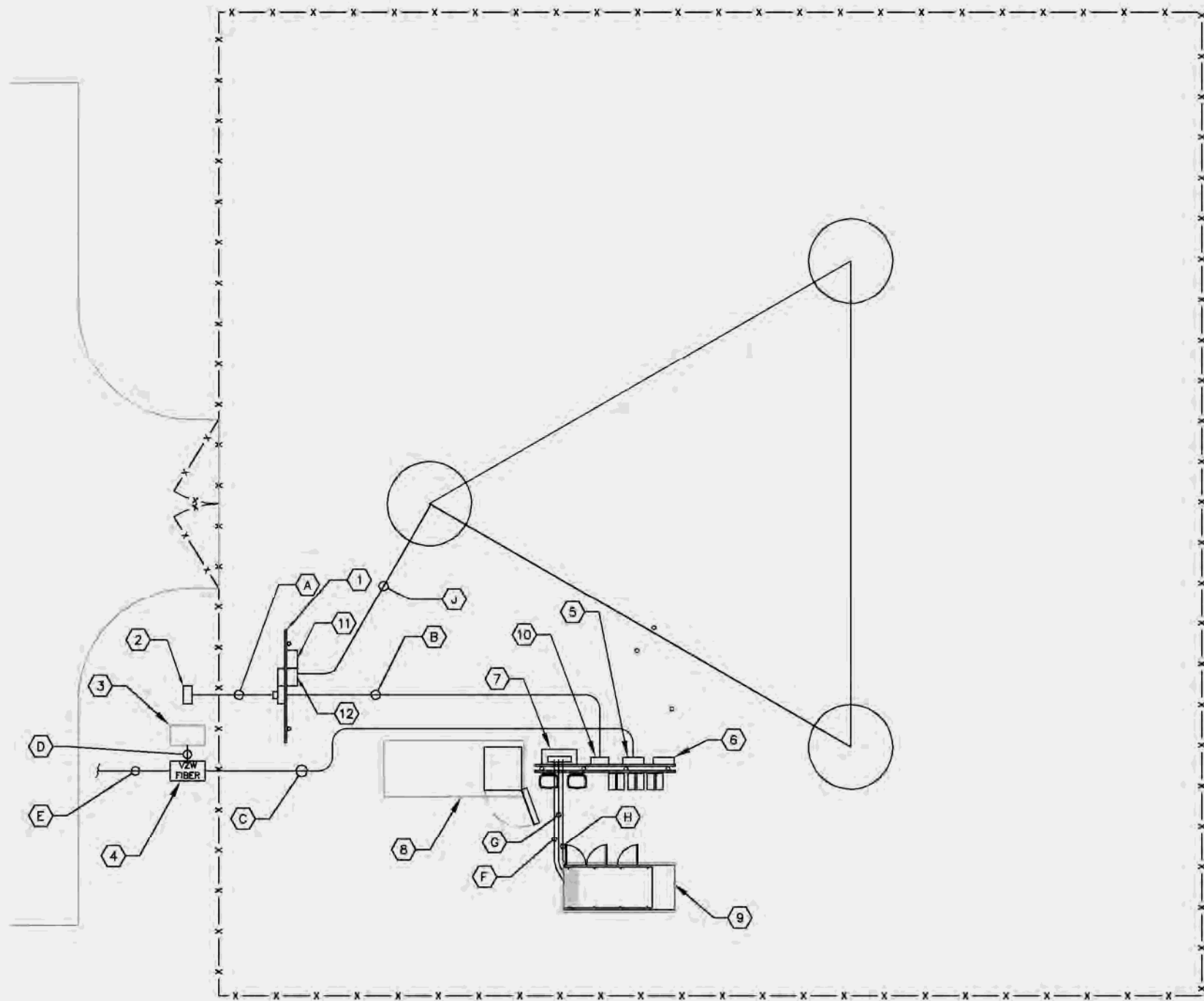
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SHEET NUMBER:

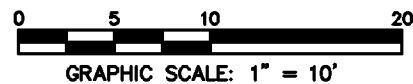
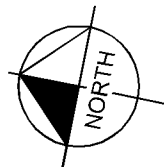
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# 1 E2 UTILITY SERVICE ROUTING PLAN

SCALE: 1" = 10'



## KEY NOTES - ELECTRICAL EQUIPMENT

- UTILITY METER H-FRAME (SEE DETAIL 1/E4).
- POWER STUB UP (SEE NOTE 4.04 ON SHEET E1).
- EXISTING LIT FIBER HANDHOLE/PEDESTAL. (CONTRACTOR TO CONFIRM EXISTENCE AND LOCATION).
- TRAFFIC RATED TELCO VAULT LABELED "VZW FIBER". (SEE NOTE 4.05 ON SHEET E1)
- TELCO BOX (SEE SHEET C4).
- CIENA UNIT, IF NEEDED (SEE SHEET C4).
- INTEGRATED LOAD CENTER (SEE SHEET C4).
- VERIZON CONCRETE EQUIPMENT PAD (SEE SHEET C6).
- VERIZON CONCRETE GENERATOR PAD (SEE SHEET C6).
- DISCONNECT SWITCH (SEE SHEET C4).
- HAZARD LIGHTING CONTROL PANEL (SEE SHEET E4.1).
- LGT PANEL (SEE SHEET E4.1).

## KEY NOTES - CONDUIT, CONDUCTORS, & MISC.

- TWO (2) 4" PVC POWER CONDUITS FOR INCOMING SERVICE LATERALS FROM LOCAL UTILITY (SEE TRENCH DETAIL 2/E7).
- 2" PVC POWER CONDUIT FROM PROPOSED METER RACK TO EQUIPMENT RACK (SEE TRENCH DETAIL 2/E7).
- TWO (2) 2" PVC TELCO CONDUITS, WITH TWO (2) PULL ROPES EACH (SEE TRENCH DETAIL 2/E7).
- 4" PVC BRIDGE FIBER CONDUIT. (IF NO EXISTING LIT FIBER HANDHOLE/PEDESTAL IS PRESENT CONTRACTOR TO PROVIDER A 5' LONG CAPPED STUB BRIDGE CONDUIT).
- TWO (2) 2" PVC CONDUITS FROM RIGHT OF WAY W/TWO (2) PULL ROPES (SEE TRENCH DETAIL 2/E7 AND SHEET E3).
- 2" PVC CONDUIT FOR ROUTING POWER CONDUCTOR TO THE GENERATOR. (SEE TRENCH DETAIL 2/E7).
- 1" PVC CONDUIT FOR ROUTING GENERATOR CONTROL AND ALARM SIGNAL CABLES TO THE GENERATOR (SEE TRENCH DETAIL 2/E7).
- 1" PVC CONDUIT FOR ROUTING POWER CONDUCTOR TO THE GENERATOR BATTERY CHARGER AND THE GENERATOR BLOCK HEATER (SEE TRENCH DETAIL 2/E7).
- 1" PVC POWER CONDUIT FROM PROPOSED HAZARD LIGHTING CONTROL PANEL ON METER RACK TO TOWER LIGHTING.

## NOTES:

GENERAL CONTRACTOR IS TO CONFIRM WITH VERIZON CONSTRUCTION MANAGER WHETHER INSTALLATION OF THE TWO (2) 2" CONDUITS TO THE RIGHT OF WAY WILL BE PART OF THE INITIAL CONSTRUCTION.

**verizon**

8821 RESEARCH DRIVE  
CHARLOTTE, NORTH CAROLINA 28262

### PROJECT INFORMATION:

SITE NAME:  
GEORGE RD  
SITE No.: 696361  
PROJECT #: 15160919  
NC HIGHWAY 22  
BENNETT, NC 27208  
MOORE COUNTY

### PLANS PREPARED BY:

**Kimley»Horn**

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LICENSER:



KHA PROJECT NUMBER:

013509351

DRAWN BY: CHECKED BY:

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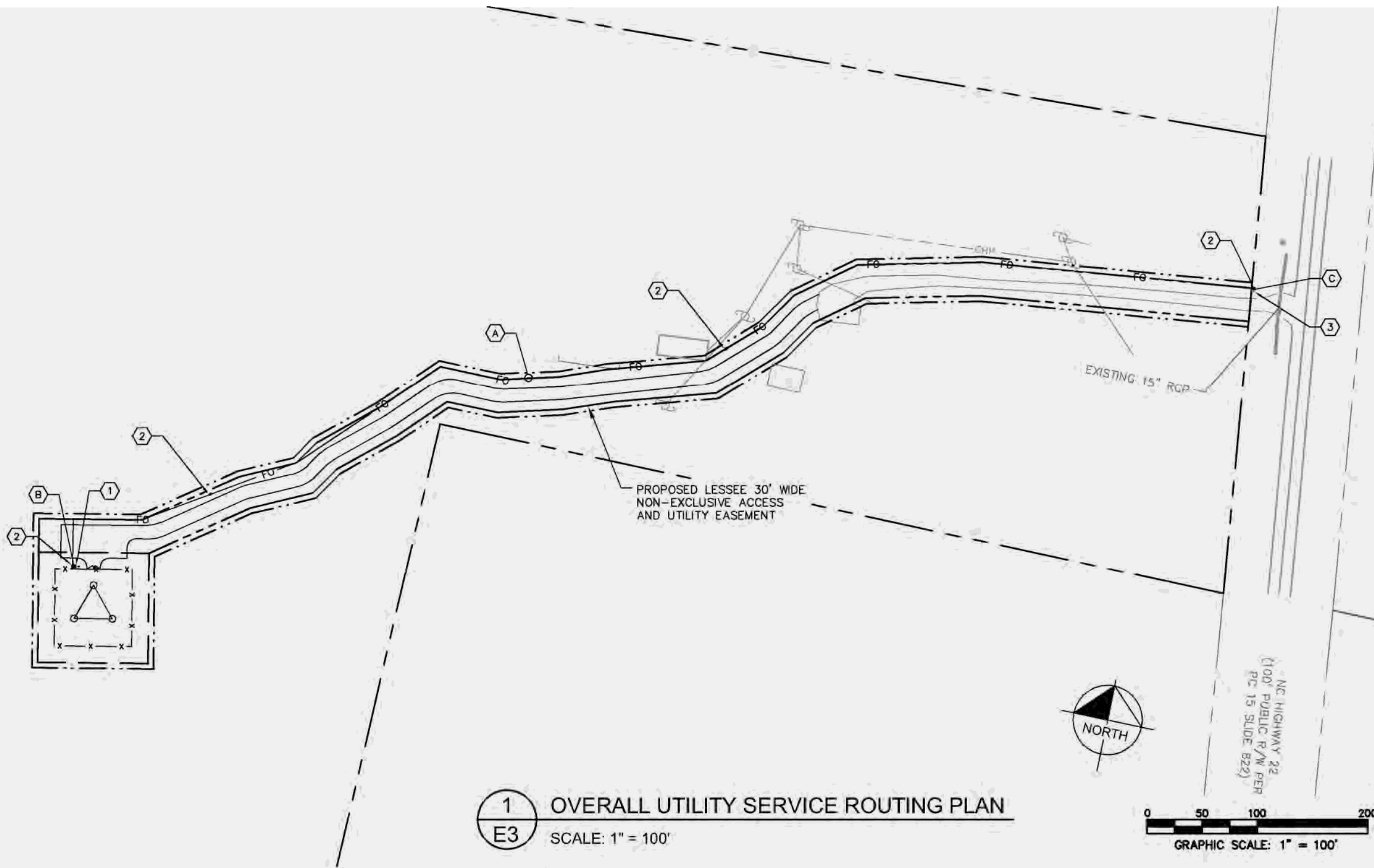
UTILITY SERVICE  
ROUTING PLAN

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#### KEY NOTES - ELECTRICAL EQUIPMENT

- 1 EXISTING LIT-FIBER HANDHOLE/PEDESTAL.
- 2 TRAFFIC RATED TELCO VAULT LABELED "VZW FIBER". (SPACED EVERY 500', AT MAJOR TRANSITIONS, AND AS NEEDED TO ALLOW DARK FIBER TO BE PULLED)(SEE NOTE 4.05 ON SHEET E1)
- 3 EXISTING ONE FIBER HANDHOLE (CONTRACTOR TO CONFIRM EXISTENCE AND LOCATION)

#### KEY NOTES - CONDUIT, CONDUCTORS, & MISC.

- A TWO (2) 2" PVC CONDUIT FOR "VZW FIBER" WITH TWO (2) PULL ROPES. (SEE DETAIL 2/E6); (APPROXIMATELY 1,175± LF); GENERAL CONTRACTOR TO CONFIRM NEED FOR CONDUITS TO RIGHT OF WAY AND HANDHOLE AT RIGHT OF WAY WITH VERIZON CONSTRUCTION MANAGER.
- B 4" PVC BRIDGE FIBER CONDUIT. (IF NO EXISTING LIT FIBER HANDHOLE/PEDESTAL IS PRESENT CONTRACTOR TO PROVIDER A 5' LONG CAPPED STUB BRIDGE CONDUIT).
- C 4" PVC BRIDGE FIBER CONDUIT. (IF NO EXISTING ONE FIBER HANDHOLE IS PRESENT, BRIDGE CONDUIT WILL BE BY OTHERS)

#### NOTES:

GENERAL CONTRACTOR IS TO CONFIRM WITH VERIZON CONSTRUCTION MANAGER WHETHER INSTALLATION OF THE TWO (2) 2" CONDUITS TO THE RIGHT OF WAY WILL BE PART OF THE INITIAL CONSTRUCTION.

PROPOSED VERIZON TELCO VAULT WITHIN RIGHT OF WAY LOCATED APPROXIMATELY 35° 30' 25.8"N, 79° 31' 44.1"W BASED ON GOOGLE EARTH IMAGERY.

**verizon**

8821 RESEARCH DRIVE  
CHARLOTTE, NORTH CAROLINA 28262

#### PROJECT INFORMATION:

SITE NAME:  
GEORGE RD  
SITE No.: 696361  
PROJECT #: 15160919  
NC HIGHWAY 22  
BENNETT, NC 27208  
MOORE COUNTY

#### PLANS PREPARED BY:

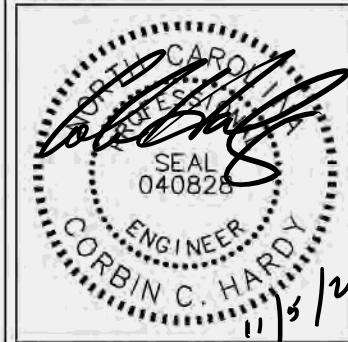
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#### KHA PROJECT NUMBER:

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#### DRAWN BY: CHECKED BY:

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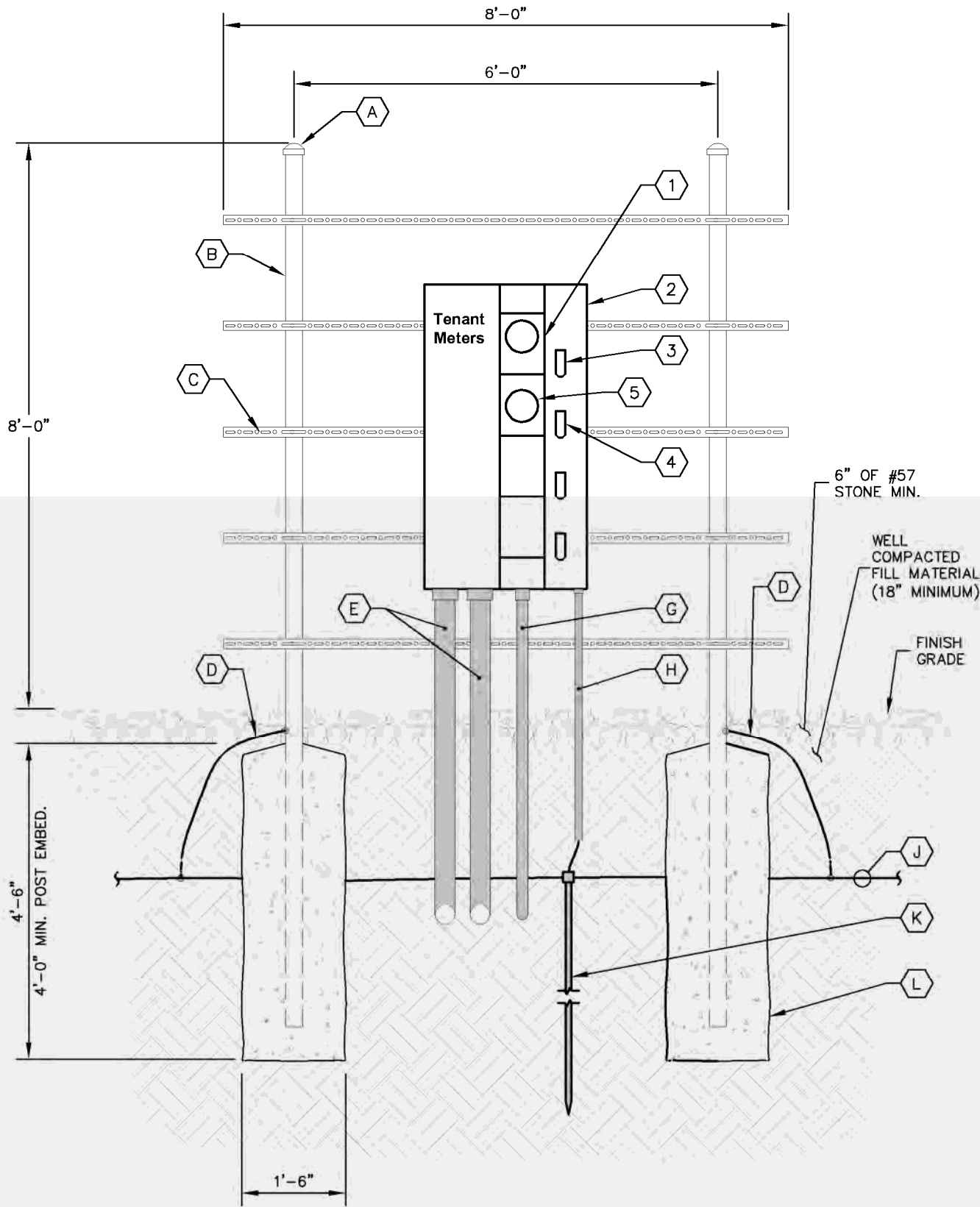
#### SHEET TITLE:

**OVERALL UTILITY  
ROUTING PLAN**

#### SHEET NUMBER:

**E3**

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KEY NOTES - CONDUIT, CONDUCTORS, & MISC

- A GALVANIZED RIGID STEEL CAP, TYPICAL.
- B 3" GALVANIZED RIGID STEEL PIPE, TYPICAL.
- C 1 5/8" x 1 5/8" GALVANIZED STEEL CHANNEL (UNISTRUT #P1000 OR APPROVED EQUIVALENT) WITH PLASTIC END CAP (UNISTRUT #P2860), TYPICAL.
- D ONE (1) #2 AWG BARE SOLID TINNED COPPER BONDING CONDUCTORS (BC) FROM H-FRAME VERTICAL PIPE TO GROUND RING, EXOTHERMIC WELD BOTH ENDS.
- E 4" PVC CONDUIT FOR INCOMING SERVICE LATERALS FROM LOCAL UTILITY, TYPICAL OF 2.
- F KEYNOTE NOT USED.
- G 2" PVC CONDUIT FOR ROUTING FEEDERS TO NON-FUSED DISCONNECT SWITCH.
- H 3/4" PVC CONDUIT WITH ONE (1) - 2/0 BARE STRANDED TINNED COPPER GROUNDING ELECTRODE CONDUCTOR (GEC) FROM GROUNDING LUG TO GROUND ROD, EXOTHERMIC WELD GEC TO GROUND ROD.
- J GROUND RING (SEE SHEETS E8 & E9).
- K GROUND ROD, EXOTHERMIC WELD TO GROUND RING. (SEE SHEET E11).
- L CONCRETE FOUNDATION FOR H-FRAME VERTICAL PIPE. CONCRETE SHALL HAVE A 28 DAY COMPRESSIVE STRENGTH OF 4,000 PSI. AND INCLUDE FIBERMESH 650-3E.

KEY NOTES - ELECTRICAL EQUIPMENT

- 1 200 AMP METER SOCKET IN NEMA 3R ENCLOSURE.
- 2 800 AMP, 22KAIC, 4 GANG, SERVICE ENTRANCE RATED METER CENTER IN NEMA 3R ENCLOSURE. BOND TO RACK PER NEC.
- 3 200 AMP, 2 POLE (22KAIC) DISCONNECT CIRCUIT BREAKER FOR TOP METER ONLY.
- 4 100 AMP, 2 POLE (22KAIC) DISCONNECT CIRCUIT BREAKER. CONTRACTOR SHALL MOUNT THE METER CENTER SUCH THAT THE TOP CIRCUIT BREAKER IS NO MORE THAN 6' ABOVE GRADE.
- 5 100 AMP METER SOCKET IN NEMA 3R ENCLOSURE.

1 METER RACK DETAILS  
E4 NOT TO SCALE



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KHA PROJECT NUMBER:

013509351

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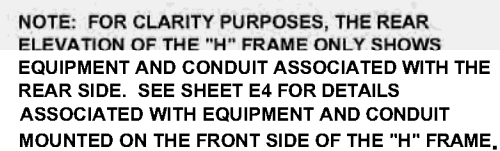
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METER RACK  
DETAILS - FRONT

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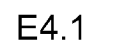
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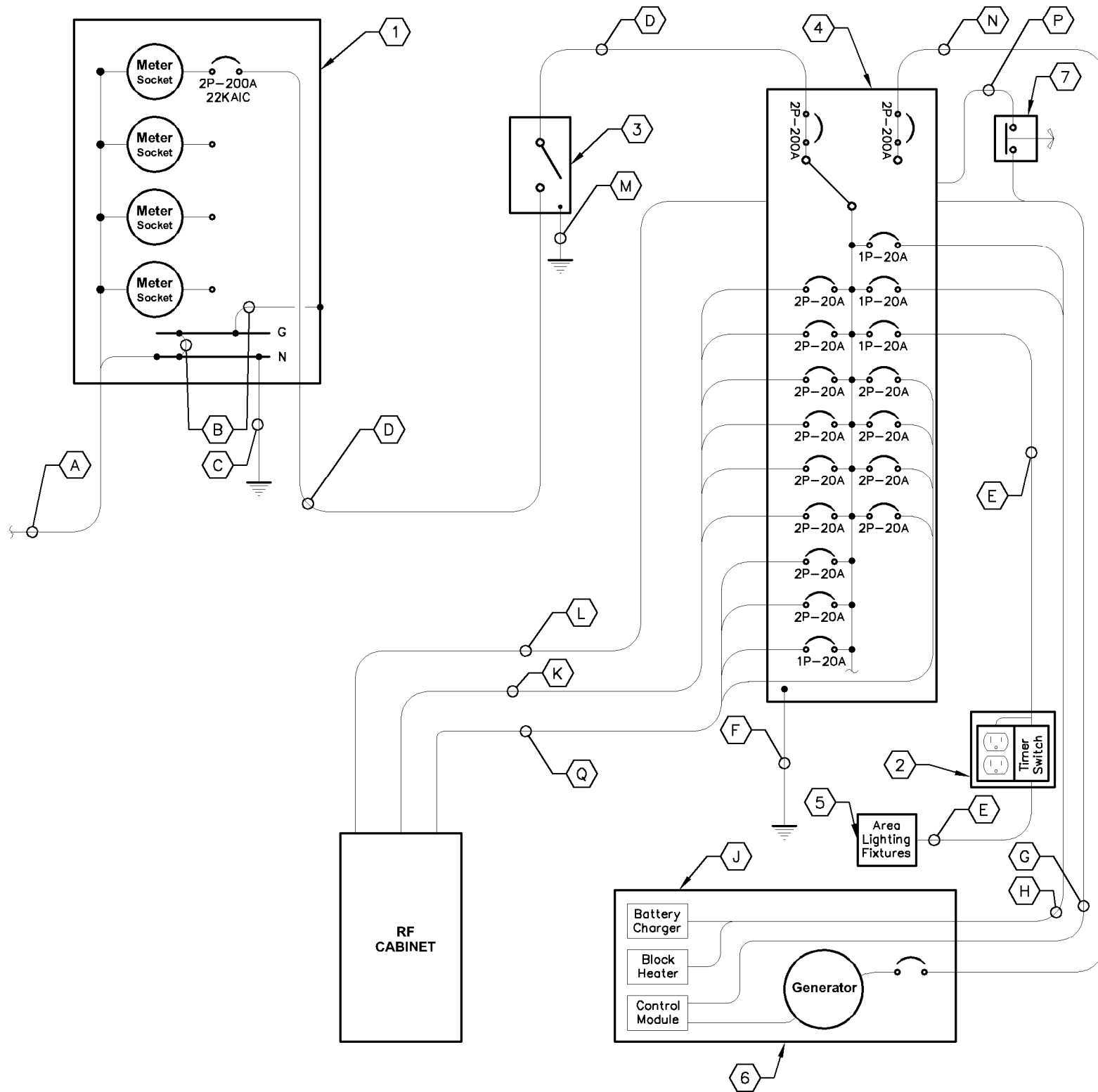
- (A) GALVANIZED RIGID STEEL CAP, TYPICAL.
- (B) 3" GALVANIZED RIGID STEEL PIPE, TYPICAL.
- (C) 1½" x 1½" GALVANIZED STEEL CHANNEL (UNISTRUT #P1000 OR APPROVED EQUIVALENT) WITH PLASTIC END CAP (UNISTRUT #P2860), TYPICAL.
- (D) ONE (1) #2 AWG BARE SOLID TINNED COPPER BONDING CONDUCTORS (BC) FROM H-FRAME VERTICAL PIPE TO GROUND RING, EXOTHERMIC WELD BOTH ENDS.
- (E) 1½" PVC POWER CONDUIT FROM METER.
- (F) FLASH HEAD CABLE.
- (G) 2½" FLASH HEAD CABLE PROTECTION CONDUIT (MIN. 18" BELOW GRADE).
- (H) GROUND RING (SEE SHEETS E8 & E9).
- (J) GROUND ROD, EXOTHERMIC WELD TO GROUND RING. (SEE DETAIL 2/E11).
- (K) CONCRETE FOUNDATION FOR H-FRAME VERTICAL PIPE. CONCRETE SHALL HAVE A 28 DAY COMPRESSIVE STRENGTH OF 4,000 PSI. AND INCLUDE FIBERMESH 650-3E.
- (L) ¾" PVC WITH ONE (1) - #2 AWG BARE TINNED COPPER GROUNDING ELECTRODE CONDUCTOR (GEC) FROM GROUNDING LUG TO GROUND ROD, EXOTHERMIC WELD GEC TO GROUND ROD.
- (M) 1" PVC CONDUIT FROM LGT PANEL.
- (N) ½" PVC CONDUIT FOR ROUTING POWER CONDUCTORS TO GFCI RECEPTACLE.
- (P) 1" PVC CONDUIT FOR TELCOM LINK.

- ① HAZARD LIGHTING CONTROL PANEL (FLASH TECHNOLOGY FTS 370D OR APPROVED EQUIVALENT) IN NEMA 4X ENCLOSURE.
- ② 120/240V, 100A MCB SERVICE ENTRANCE RATED PANEL IN NEMA 3R ENCLOSURE.
- ③ ONE (1) 20A DUPLEX GFCI WALL PLUG WITH WEATHER RATED COVER.
- ④ WIRELESS ANTENNA MOUNTED TO H-FRAME POST.

1 METER RACK DETAILS  
E4.1 NOT TO SCALE



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**REQUIRED SIGNAGE PER NEC 702 AT SERVICE DISCONNECT**

"WARNING: Shock hazard exists if grounding electrode conductor or bonding jumper connection in this equipment is removed while alternate source(s) is energized. Opening the equipment disconnect will cause the stand-by generator to start. To remove power entirely from the equipment, the generator must be turned OFF using emergency stop switch."

**REQUIRED SIGNAGE PER NEC 702 AT SERVICE DISCONNECT & INTEGRATED LOAD CENTER**

"NOTE: Emergency power is supplied by a stand-by generator located behind Verizon equipment rack."

**1  
E5** ELECTRICAL SINGLE LINE DIAGRAM  
NOT TO SCALE

**KEY NOTES - CONDUIT, CONDUCTORS, & MISC**

- A TWO (2) 4" CONDUITS BY CONTRACTOR FOR INCOMING SERVICE LATERALS BY LOCAL UTILITY FOR 800 AMP, 120/240 VOLT SINGLE PHASE SERVICE.
- B BOND GROUND BUS TO NEUTRAL BUS AND GROUND BUS TO ENCLOSURE WITH 2/0 BONDING JUMPERS.
- C ONE (1) 2/0 BARE STRANDED TINNED COPPER GEC TO GROUND ROD, EXOTHERMIC WELD GEC TO GROUND ROD.
- D THREE (3) 3/0 CONDUCTORS AND ONE (1) #6 AWG GROUND IN 2" CONDUIT.
- E TWO (2) #12 AWG CONDUCTORS AND ONE (1) #12 AWG GROUND IN 1" CONDUIT.
- F ONE (1) #2 BARE TINNED COPPER FROM GROUNDING LUG IN ILC TO GROUND ROD, EXOTHERMIC WELD TO GROUND ROD.
- G AUTOMATIC TRANSFER SWITCH ALARM AND GENERATOR CONTROL CABLES IN 1" CONDUIT.
- H FOUR (4) #12 CONDUCTORS AND ONE (1) #12 AWG GROUND IN 1" CONDUIT.
- J THE GENERATOR, WHEN UTILIZING A TWO POLE ATS WITH A SOLID NEUTRAL, IS NOT A SEPARATELY DERIVED SYSTEM. THEREFORE, DO NOT BOND THE NEUTRAL TO THE GROUND AT THE GENERATOR.
- K TWELVE (12) #10 AWG THHN CONDUCTORS AND THREE (3) #10 AWG EG IN 2" PVC CONDUIT.
- L ALARM CABLES IN 1" PVC CONDUIT.
- M ONE (1) - #2 BARE TINNED COPPER FROM GROUNDING LUG IN DISCONNECT SWITCH TO GROUND RING, EXOTHERMIC WELD TO GROUND RING.
- N THREE (3) 3/0 AWG CONDUCTORS AND ONE (1) #4 AWG EG IN 2" CONDUIT. VERIFY GENERATOR BREAKER DOES NOT EXCEED 200 AMPS.
- P 1" PVC CONDUIT FOR ROUTING POWER CONDUCTORS FROM THE ILC TO THE EMERGENCY GENERATOR STOP SWITCH.
- Q TWELVE (12) #10 AWG THHN CONDUCTORS AND THREE (3) #10 AWG. FOR RECTIFIERS AND TWO (2) #10 THHN CONDUCTORS AND ONE (1) #10 AWG FOR CABINET MOUNTED GFI OUTLET, ALL IN ONE 2" PVC CONDUIT.

**KEY NOTES - ELECTRICAL EQUIPMENT**

- 1 FURNISH AND INSTALL 800 AMP, 3-WIRE, SINGLE PHASE, 120/240 VOLT, 22KAIC, FOUR-SPACE MULTI-GANG METER CENTER WITH 200 AMP RATED METER SOCKETS IN NEMA 3R ENCLOSURE, SE RATED. CONTRACTOR SHALL FURNISH AND INSTALL 200 AMP CIRCUIT BREAKER AT METER BASE IF NOT ALREADY EXISTING.
- 2 20 AMP GFCI DUPLEX OUTLET RECEPTACLE AND TIMER SWITCH, ENERLITES HET06 SERIES (OR APPROVED EQUIVALENT) IN LOCKABLE NEMA 3R ENCLOSURE.
- 3 FURNISH AND INSTALL SE RATED 240 V, 200 AMP, 2 POLE, NON-FUSED DISCONNECT IN NEMA 3R ENCLOSURE.
- 4 200 AMP, 120/240 VOLT, ILC WITH 42 SPACE PANEL AND AUTOMATIC TRANSFER SWITCH. ALL CIRCUIT BREAKERS SHALL BE RATED 10KAIC MINIMUM. ILC IS FURNISHED BY VZW AND INSTALLED BY GENERAL CONTRACTOR.
- 5 FURNISH AND INSTALL TWO (2) AREA LIGHTS, (LITHONIA HFR-250M-TA120-DNA-LP1), (OR APPROVED EQUIVALENT).
- 6 50 KW DIESEL GENERATOR, CONTRACTOR SHALL COORDINATE SPECIFIC GENERATOR CONFIGURATION WITH OWNER AND INSTALL THE GENERATOR IN ACCORDANCE WITH MANUFACTURER'S INSTALLATION INSTRUCTIONS. GENERATOR BREAKER SIZED AND PROVIDED BY GENERATOR MANUFACTURER.
- 7 EMERGENCY GENERATOR STOP SWITCH IN NEMA 3R ENCLOSURE WILL BE FURNISHED BY VERIZON AND INSTALLED BY GC.



**PROJECT INFORMATION:**

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GEORGE\_RD  
SITE No.: 696361  
PROJECT #: 15160919  
NC HIGHWAY 22  
BENNETT, NC 27208  
MOORE COUNTY

**PLANS PREPARED BY:**

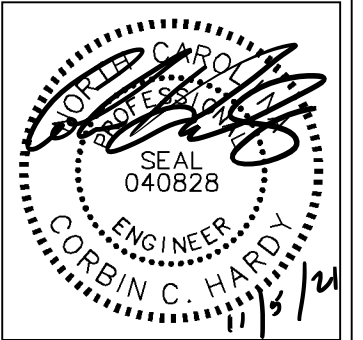
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**KHA PROJECT NUMBER:**

013509351

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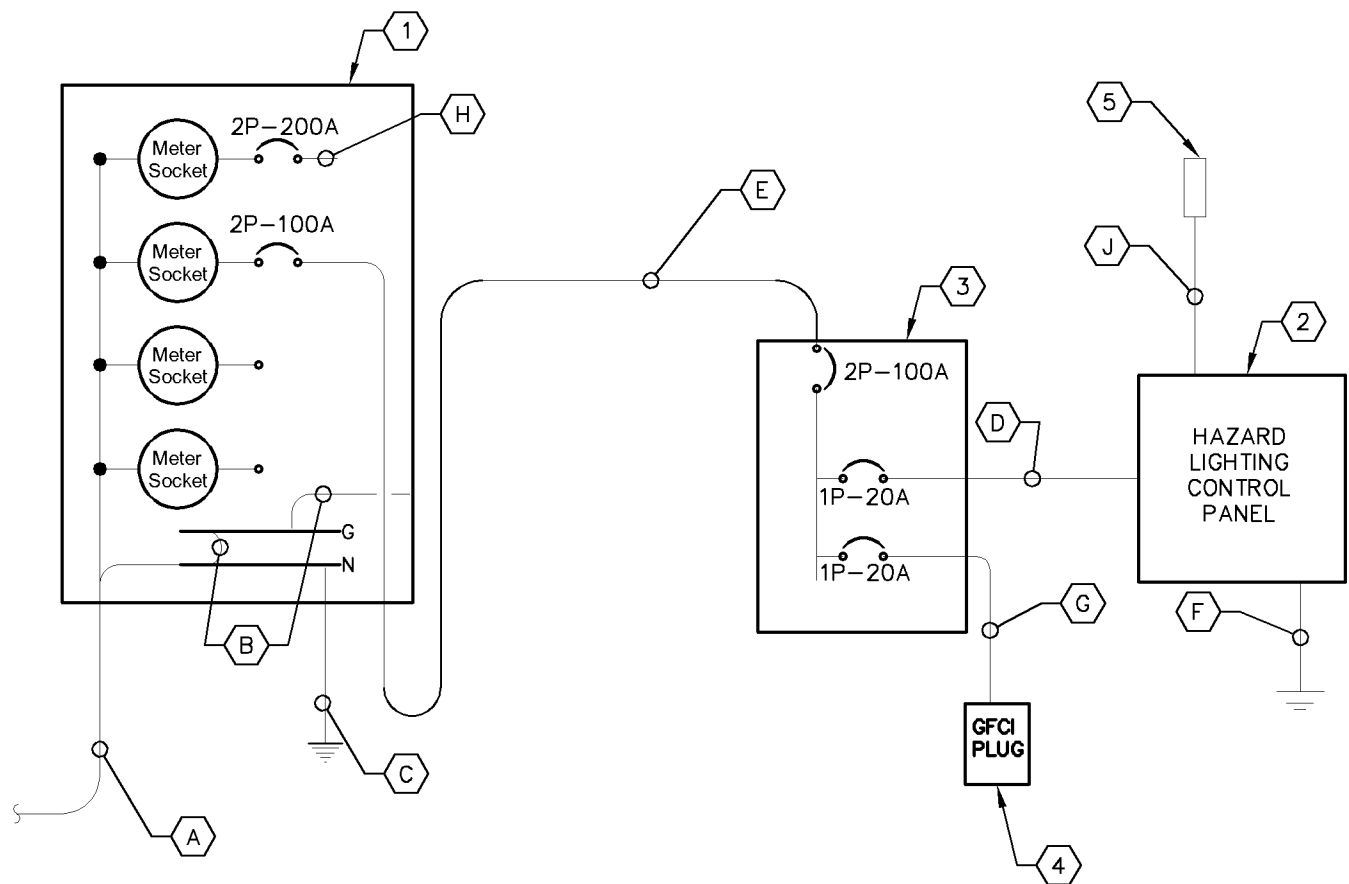
**ELECTRICAL  
SINGLE LINE  
DIAGRAM**

**SHEET NUMBER:**

E5



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1 ELECTRICAL SINGLE LINE DIAGRAM  
E5.1 NOT TO SCALE

KEY NOTES - CONDUIT, CONDUCTORS, & MISC

- A 4" CONDUITS BY CONTRACTOR FOR INCOMING SERVICE LATERALS BY LOCAL UTILITY FOR FOUR (4) - 200 AMP (22KAIC), 120/240 VOLT SINGLE PHASE SERVICES. CONTRACTOR SHALL COORDINATE QUANTITY OF CONDUITS REQUIRED WITH LOCAL UTILITY.
- B BOND GROUND BUS TO NEUTRAL BUS AND BOND GROUND BUS TO ENCLOSURE WITH 3/0 BONDING JUMPERS.
- C 2/0 GROUND ELECTRODE CONDUCTOR, BOND TO GROUND ROD VIA EXOTHERMIC WELD.
- D THREE (3) #10 AWG CONDUCTORS AND ONE (1) #10 AWG EGC IN 1/2" PVC CONDUIT.
- E THREE (3) #2 AWG CONDUCTORS AND ONE (1) #8 AWG EGC IN 1 1/2" PVC CONDUIT.
- F ONE (1) - #2 AWG BARE TINNED COPPER GROUNDING ELECTRODE CONDUCTOR (GEC) FROM GROUNDING LUG TO GROUND ROD, EXOTHERMIC WELD GEC TO GROUND ROD.
- G TWO (2) #12 AWG CONDUCTORS AND ONE (1) #12 AWG GROUND IN 1" CONDUIT.
- H SEE SHEET E5 FOR VERIZON SINGLE LINE & PANEL SCHEDULE.
- J 1" PVC CONDUIT FOR TELCOM LINK.

KEY NOTES - ELECTRICAL EQUIPMENT

- 1 FURNISH AND INSTALL SERVICE ENTRANCE RATED GANGED METER CENTER WITH FOUR (4) - 200 AMP, 120/240 VOLT SINGLE PHASE SERVICE POSITIONS IN NEMA 3R ENCLOSURE. COORDINATE SPECIFIC REQUIREMENTS WITH LOCAL UTILITY.
- 2 HAZARD LIGHTING CONTROL PANEL IN NEMA 4X ENCLOSURE.
- 3 120/240 VOLT, 100 AMP MCB PANEL 'LTG' IN NEMA 3R ENCLOSURE
- 4 20A GFCI DUPLEX WALL PLUG WITH WEATHER RATED COVER.
- 5 WIRELESS ANTENNA MOUNTED TO H-FRAME POST.

LTG PANEL												
Voltage: 240/120 Volts						MCB Size: 100 Amps						
Phase, Wires: Single Phase, 3 Wire						AIC Rating: 10,000 Amps min						
Mounting Type: Surface						Bus Rating: 100 Amps						
Enclosure Type: NEMA 3R						Neutral Rating: 100%						
Load Served	Load (kVA)		Circuit Bkr Size	Ckt Nbr	Phase		Ckt Nbr	Circuit Bkr Size	Load (kVA)		Load Served	
	A	B			A	B			A	B		
HAZARD LIGHTING	1.92		1P-20	1	*		2				SPACE	
GFCI PLUG		0.18	1P-20	3		*	4				SPACE	
SPACE				5	*		6				SPACE	
SPACE				7		*	8				SPACE	
Sub-Total (kVA)			1.92	0.18					0.00	0.00	Sub-Total (kVA)	
LOAD SUMMARY												
				A		B						
				1.92		0.18						
				2.10				Total Connected (kVA)				
Load Description				Connected Load (kVA)		Demand Load (kVA)		Demand Factor				
				A	B							
RECTIFIERS/EQUIPMENT						1.25	0.00	0.00				
LIGHTING				1.92		1.25	2.40	0.00				
DUPLEX RECEPTACLES					0.18	1.00	0.00	0.18				
TOTAL MISCELLANEOUS						1.25	0.00	0.00				
Total Power per Phase				2.40	0.18			kVA				
Total Demand Current per Phase				20.00	1.50			Amps				
Total Demand Power				2.58				kVA				

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8021 RESEARCH DRIVE  
CHARLOTTE, NORTH CAROLINA 28262

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GEORGE\_RD  
SITE No.: 696361  
PROJECT #: 15160919  
NC HIGHWAY 22  
BENNETT, NC 27208  
MOORE COUNTY

PLANS PREPARED BY:

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SHEET TITLE:

ELECTRICAL  
SINGLE LINE  
DIAGRAM

SHEET NUMBER:

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PANEL SCHEDULE - VERIZON INTEGRATED LOAD CENTER											
Voltage: 240/120 Volts						MCB Size: 200 Amps					
Phase, Wires: Single Phase, 3 Wire						AIC Rating: 10,000 Amps min					
Mounting Type: Surface						Bus Rating: 200 Amps					
Enclosure Type: NEMA 3R						Neutral Rating: 100%					
Load Served	Load (kVA)		Circuit Bkr Size	Ckt Nbr	Phase A B	Ckt Nbr	Circuit Bkr Size	Load (kVA)		Load Served	
	A	B						A	B		
RECTIFIER 1	1.78		2P-20	1	⌋	⌋	2	1P-20	0.58	AREA LIGHTS/GFCI	
		1.78		3	⌋	⌋	4	1P-20		1.50	GEN BLOCK HEATER
RECTIFIER 2	1.78		2P-20	5	⌋	⌋	6	1P-20	0.30	GEN BATTERY CHARGER	
		1.78		7	⌋	⌋	8	----		0.00	SPACE
RECTIFIER 3	1.78		2P-20	9	⌋	⌋	10	1P-20	0.18	CAB DUPLEX OUTLET	
		1.78		11	⌋	⌋	12	----		0.00	SPACE
RECTIFIER 4	1.78		2P-20	13	⌋	⌋	14	2P-20	1.78	RECTIFIER 9	
		1.78		15	⌋	⌋	16				1.78
RECTIFIER 5	1.78		2P-20	17	⌋	⌋	18	2P-20	1.78	RECTIFIER 10	
		1.78		19	⌋	⌋	20				1.78
RECTIFIER 6	1.78		2P-20	21	⌋	⌋	22	2P-20	0.00	RECTIFIER 11 (SPARE)	
		1.78		23	⌋	⌋	24				0.00
RECTIFIER 7	1.78		2P-20	25	⌋	⌋	26	2P-20	0.00	RECTIFIER 12 (SPARE)	
		1.78		27	⌋	⌋	28				0.00
RECTIFIER 8	1.78		2P-20	29	⌋	⌋	30	----	0.00	SPACE	
		1.78		31	⌋	⌋	32	----		0.00	SPACE
SPACE	0.00		----	33	⌋	⌋	34	----	0.00	SPACE	
SPACE		0.00	----	35	⌋	⌋	36	----		0.00	SPACE
SPACE	0.00		----	37	⌋	⌋	38	----	0.00	SPACE	
TVSS (INTERNAL TO ILC)		0.00	2P-30	39	⌋	⌋	40	----		0.00	SPACE
	0.00			41	⌋	⌋	42	----	0.00		SPACE
Sub-Total (kVA)	14.24	14.24							4.62	5.06	Sub-Total (kVA)
									A	B	Total Connected (kVA)
									18.86	19.30	
									38.16		
LOAD SUMMARY											
				Connected Load (kVA)		Demand Factor	Demand Load (kVA)				
Load Description				A	B		A	B			
RECTIFIERS/EQUIP				17.80	17.80	1.00	17.80	17.80			
LARGEST MOTOR				0.00	0.00	1.00	0.00	0.00			
ALL OTHER MOTORS				0.00	0.00	1.00	0.00	0.00			
LIGHTING				0.40	0.00	1.25	0.50	0.00			
DUPLEX RECEPTACLES				0.36	0.00	1.00	0.36	0.00			
TOTAL MISCELLANEOUS				0.30	1.50	1.00	0.30	1.50			
Total Power per Phase							18.96	19.30	kVA		
Total Demand Current per Phase							158.00	161.00	Amps		
Total Demand Power							38.26		kVA		


\*NOTE: CIRCUIT LOAD AND DEMAND FACTOR PROVIDED BY VERIZON.

1

PANEL SCHEDULE

E6

NOT TO SCALE




8821 RESEARCH DRIVE  
CHARLOTTE, NORTH CAROLINA 28262

PROJECT INFORMATION:

SITE NAME:  
GEORGE RD  
SITE No.: 696361  
PROJECT #: 15160919  
NC HIGHWAY 22  
BENNETT, NC 27208  
MOORE COUNTY

PLANS PREPARED BY:

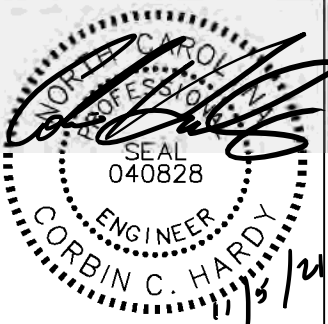


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KHA PROJECT NUMBER:

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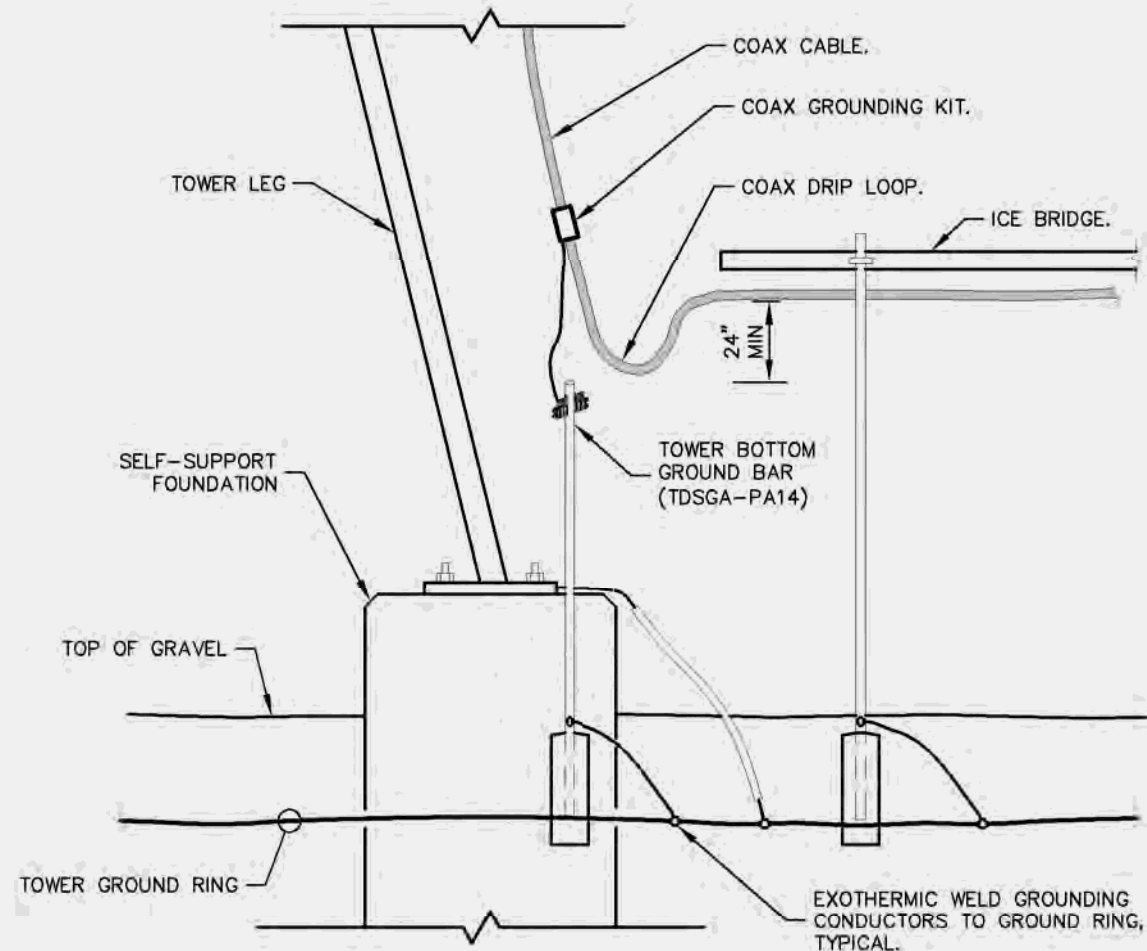
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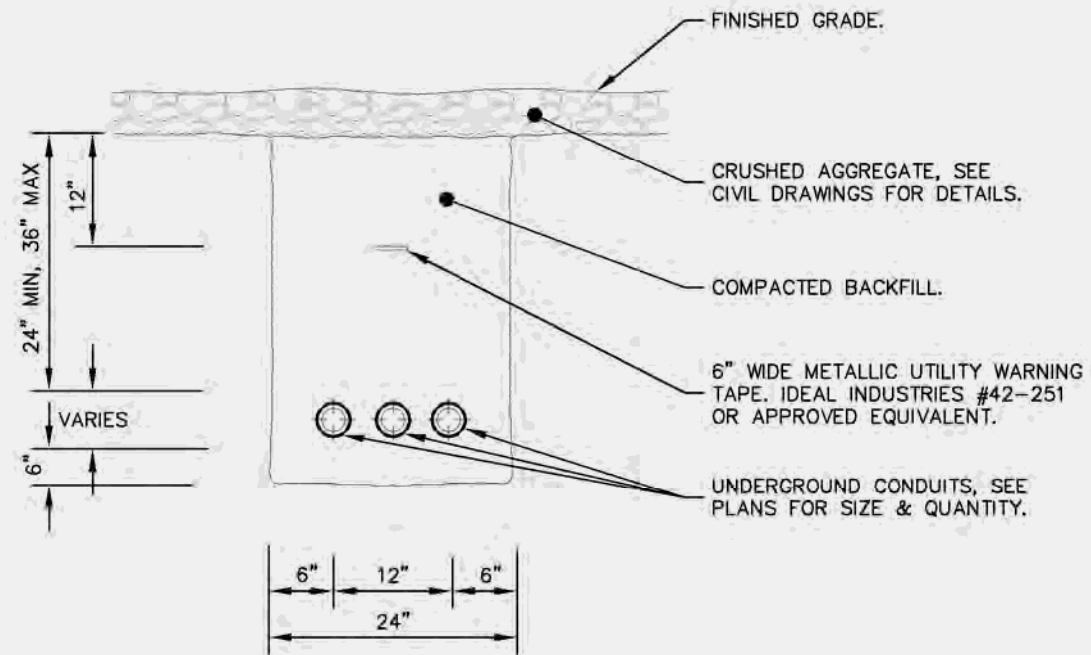
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1 DRIP LOOP DETAIL  
E7 NOT TO SCALE



2 TYPICAL TRENCH DETAIL  
E7 NOT TO SCALE

- NOTES:
1. IF GROUND SURFACE IS OTHER THAN NEWLY GRAVELED AREA. CONTRACTOR IS TO RESTORE TO ORIGINAL CONDITION.
  2. PROVIDE PVC CONDUIT BELOW GRADE EXCEPT AS NOTED BELOW.
  3. PROVIDE SCHEDULE 40 OR SCHEDULE 80 PVC CONDUIT & ELBOWS AT STUB UP LOCATIONS (I.E. POLES, EQUIPMENT, ETC.)
  4. PROVIDE SCHEDULE 80 PVC CONDUIT BELOW PARKING LOTS AND ROADWAYS.

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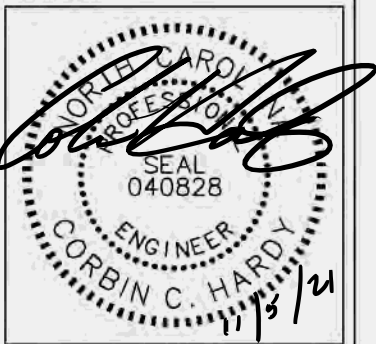
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SHEET TITLE:

ELECTRICAL  
DETAILS

SHEET NUMBER:

E7

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GROUNDING NOTES

1.

THE GROUND RING SHALL CONSIST OF #2 AWG BARE SOLID TINNED COPPER (STC) CONDUCTOR, UNLESS NOTED OTHERWISE, BURIED AT 30" BELOW FINISHED GRADE (OR BELOW FROST LINE). LOCATE 24" MINIMUM AND 36" MAXIMUM FROM EQUIPMENT AREA AND FROM TOWER FOUNDATION. ALL CONNECTIONS SHALL BE MADE USING A PARALLEL TYPE EXOTHERMIC WELD, UNLESS NOTED OTHERWISE.
2.

INSTALL GROUND RODS AS SHOWN AND AS REQUIRED. GROUND RODS TO BE COPPER CLAD STEEL, 5/8" DIAMETER AND 10FT IN LENGTH. SPACING BETWEEN GROUND RODS SHALL BE 10FT MINIMUM AND 15FT MAXIMUM. TOP OF GROUND ROD TO BE 30" MINIMUM BELOW GRADE (OR BELOW FROST LINE). BOND TOP OF GROUND ROD TO GROUND WIRE WITH EXOTHERMIC WELD. DO NOT EXOTHERMICALLY WELD ANYTHING TO GROUND ROD EXCEPT GROUND WIRE WHICH PASSES OVER TOP OF GROUND ROD (CLAMPED CONNECTIONS TO GROUND ROD PER TOWER MANUFACTURERS DETAILS ARE ACCEPTABLE).
3.

EQUIPMENT GROUND RING SHALL HAVE A MINIMUM OF 4 GROUND RODS, INSTALLED AT THE CORNERS OF THE GROUND RING PLUS ADDITIONAL RODS AS REQUIRED TO COMPLY WITH THE SPACING REQUIREMENTS. TOWER GROUND RING SHALL HAVE A MINIMUM OF 3 GROUND RODS, EXCEPT USE 4 RODS AT A MONOPOLE TOWER. WHERE SPREAD TOWER FOOTING WOULD PREVENT GROUND RODS FROM BEING DRIVEN INTO SOIL ADJACENT TO TOWER, PROVIDE VERTICAL 1" DIAMETER PVC SLEEVES EMBEDDED IN FOOTING TO ALLOW INSTALLATION OF GROUND RODS.
4.

EQUIPMENT GROUND RING AND TOWER GROUND RING SHALL BE BONDED TOGETHER WITH TWO #2 STC GROUND LEADS, TYPICALLY ONE ON EACH SIDE OF ICE BRIDGE.
5.

BOND TOWER TO TOWER GROUND RING AT THREE LOCATIONS WITH #2 STC GROUND LEAD. SELF SUPPORT TOWERS SHALL HAVE EACH LEG BONDED TO GROUND RING, MONOPOLES AND GUYED TOWERS SHALL HAVE GROUND LEADS EQUALLY SPACED AROUND TOWER. EXOTHERMICALLY WELD GROUND LEADS TO TOP OF BASE PLATES, OR ATTACH TO TOWER USING TOWER MANUFACTURER PROVIDED DETAIL.
6.

PROVIDE #2 STC RADIALS FROM THE TOWER GROUND RING TO EACH FENCE CORNER POST. RADIALS SHALL HAVE GROUND RODS AS PER THE REQUIRED SPACING. THE GROUND ROD AT THE END OF EACH RADIAL SHALL BE 24" MAXIMUM FROM FENCE CORNER POST. EQUIPMENT AREA GROUND RING AND CONNECTING GROUND LEADS [BETWEEN EQUIPMENT AREA AND TOWER GROUND RINGS] MAY BE USED AS PART OF THE RADIAL GOING TO THE FENCE CORNER POST CLOSEST TO THE EQUIPMENT AREA.
7.

MINIMUM BEND RADIUS FOR #2 AWG GROUND WIRE IS 12", EXCEPT USE 24" FOR TOWER GROUND RINGS AND EQUIPMENT PAD GROUND RINGS.
8.

GROUND ALL EXTERIOR EXPOSED METAL OBJECTS. USE TWO HOLE LUGS FOR CONNECTION TO FLAT METAL SURFACES. USE ONLY STAINLESS STEEL HARDWARE ON ALL MECHANICAL CONNECTIONS. CLEAN ALL SURFACES (AND STRIP PAINTED SURFACES) TO BARE BRIGHT METAL PRIOR TO MAKING GROUND CONNECTIONS. APPLY ANTI-OXIDE COMPOUND TO ALL CONNECTIONS. APPLY ZINC RICH PAINT (COLD GALV.) TO ALL EXOTHERMIC WELDS, AND TO ANY METAL EXPOSED BY CLEANING, STRIPPING, GRINDING, CUTTING OR DRILLING.
9.

ALL GROUNDING CONDUCTORS ABOVE GRADE SHALL BE RUN IN 3/4" FLEXIBLE PVC CONDUIT. CONDUIT SHALL BEGIN WITHIN 3/4" OF ABOVE GROUND CONNECTION POINT, SHALL EXTEND 24" BELOW GRADE MINIMUM, AND SHALL BE FILLED WITH SEALANT AT ABOVE GROUND CONNECTION POINT. SECURE CONDUIT EVERY 24" ON VERTICAL RUNS AND EVERY 36" ELSEWHERE WITH NON-METALLIC TIES.
- 10A.

AT GUYED AND SELF SUPPORT TOWERS MOUNT TDSGA-PA14 TOWER BOTTOM GROUND BAR ON DEDICATED POST DIRECTLY BELOW COAX CABLES COMING OFF TOWER. POST TO BE 3.5" OD GALVANIZED SCHEDULE 40 PIPE WITH GALVANIZED PIPE CAP. TOP OF POST TO BE 78" ABOVE GRADE. EMBED POST 30" MINIMUM IN 12" DIAMETER BY 36" DEEP MINIMUM CONCRETE FOOTING WITH TOP OF FOOTING 6" BELOW GRADE. IF TOWER FOUNDATION OBSTRUCTS AUGERED FOOTING, USE POST WITH 10" SQUARE GALVANIZED STEEL FLANGE PLATE WELDED TO BOTTOM AND BOLT FLANGE TO TOP OF CONCRETE TOWER FOOTING.
- 10B.

AT MONOPOLE TOWERS CLAMP TDSGA-BC14 TOWER BOTTOM GROUND BAR DIRECTLY TO TOWER. IF RUNNING COAX INSIDE MONOPOLE, CLAMP ONTO BOTTOM LIP OF EXIT PORT. IF BANDING COAX TO OUTSIDE OF TOWER, CLAMP ONTO STEEL ANGLE WHICH IS Banded TO TOWER. BOND TDSGA-BC14 TO TOWER GROUND RING WITH TWO #2 STC LEADS LUGGED TO GROUND BAR AND EXOTHERMICALLY WELDED TO GROUND RING.
11.

AT EQUIPMENT AREA, INSTALL TDSGA-PA14 EXTERIOR GROUND BAR (THRU-BOLTED STYLE) AT BASE OF (2) INTERIOR H-FRAME POSTS AND AT TOP OF ICE BRIDGE POST WHICH IS NEAREST TO (BUT CLOSER TO TOWER THAN) THE COAX CABLE TERMINATION. MOUNT GROUND BAR TO H-FRAME POSTS AT 6" ABOVE GRAVEL AND TO ICE BRIDGE POST AT 6FT ABOVE GRAVEL.
12.

ALL ICE BRIDGE SECTIONS ARE TO BE JUMPERED TOGETHER WITH #2 WIRE, EITHER BARE TINNED COPPER OR GREEN INSULATED STRANDED. ICE BRIDGE SHALL BE GROUNDED AT EACH END WITH #2 STC WIRE LUGGED TO ICE BRIDGE AND EXOTHERMICALLY WELDED TO UPPER PORTION OF NEAREST ICE BRIDGE POST. ICE BRIDGE SECTIONS ABOVE H-FRAME SHALL BE BONDED TO EACH OTHER WITH JUMPERS AT EACH END - THIS ASSEMBLY WILL BE CONSIDERED AS A SINGLE ICE BRIDGE SECTION FOR GROUNDING PURPOSES.
13.

BOND EACH ICE BRIDGE POST, H-FRAME POST OR DEDICATED GROUNDING POST TO BURIED GROUNDING SYSTEM WITH #2 STC LEAD EXOTHERMICALLY WELDED TO POST BELOW TOP OF GRAVEL AND EXOTHERMICALLY WELDED TO GROUND RING. EACH POST TO HAVE SEPARATE GROUND LEAD DIRECTLY TO GROUND RING - DO NOT DAISY CHAIN POSTS TOGETHER.
14.

BOND EACH RF CABINET TO EQUIPMENT GROUND RING WITH #2 AWG TINNED SOLID BARE COPPER CONDUCTOR LUGGED TO CABINET BODY AND EXOTHERMICALLY WELDED TO GROUND RING. LUG TO CABINET BODY USING LOCATION AT WHICH STUDS ON CABINET CHASSIS HAVE DIRECT GROUND WIRE CONNECTION TO CABINET INTERNAL GROUND BAR. RUN CONDUIT AND CONDUCTOR ACROSS BACK OF CABINET (DO NOT RUN TOWARDS NEAREST CORNER OF CABINET AND THEN BEND GROUND WIRE SHARPLY), ACROSS CONCRETE PAD BELOW CABLE LADDER, THEN DOWN INTO GRAVEL AREA.
15.

BOND EACH BATTERY CABINET TO GROUND RING WITH #2 AWG TINNED SOLID BARE COPPER CONDUCTOR LUGGED TO CABINET BODY AND EXOTHERMICALLY WELDED TO GROUND RING. RUN GROUND LEAD IN FLEX CONDUIT ALONG BACK OF RBA72 CABINET, ACROSS CONCRETE PAD BELOW CABLE LADDER, THEN DOWN INTO GRAVEL AREA. CONNECT TWO HOLE LUG TO BACK OF CABINET AT FACTORY PROVIDED GROUNDING STUDS.
16.

BOND GENERATOR TO GROUND RING WITH #2 STC AT TWO DIAGONALLY OPPOSITE LOCATIONS BY DRILLING AND BOLTING TWO HOLE LUG TO FINS ON GENERATOR BASE STRUCTURE. GROUND LEADS SHOULD TAKE SHORTEST PATH ACROSS CONCRETE PAD TO GRAVEL AREA, THEN CONTINUE TO GROUND RING.
17.

WHERE PROPANE TANK IS INSTALLED TO FUEL GENERATOR, BOND PROPANE TANK TO GROUND RING WITH A SINGLE #2 STC CLAMPED TO FILLER PIPE OF PROPANE TANK AND EXOTHERMICALLY WELDED TO GROUND RING. GROUND LEAD SHOULD RUN TO TANK SUPPORT AND TAKE SHORTEST PATH ACROSS CONCRETE PAD TO GRAVEL AREA, THEN CONTINUE TO GROUND RING. IF PROPANE TANK FUEL LINE IS METALLIC AND CROSSES EQUIPMENT GROUND RING, BOND FUEL LINE TO EQUIPMENT GROUND RING WHERE THE TWO LINES CROSS WITH A SINGLE #2 STC CLAMPED TO FUEL LINE AND EXOTHERMICALLY WELDED TO GROUND RING.
18.

BOND GPS ANTENNA and GPS ANTENNA MOUNT TO TSDGA GROUND BAR AT BOTTOM OF H-FRAME POST WITH #2 GREEN INSULATED STRANDED GROUND WIRE.
19.

PROVIDE TWO GROUND RODS OUTSIDE GATES OF COMPOUND. DISTANCE BETWEEN GROUND RODS SHALL MATCH WIDTH OF GATE OPENING, AND DISTANCE FROM FENCE SHALL MATCH LENGTH OF LONGEST INDIVIDUAL GATE LEAF. BOND GATE POSTS TOGETHER WITH #2 STC LEAD WHICH RUNS PAST AND CONNECTS TO GROUND RODS OUTSIDE GATES.
20.

BOND EACH GATE POST WITH #2 STC TO NEAREST PORTION OF GROUNDING SYSTEM INSIDE COMPOUND.
21.

BOND EACH GATE TO GATE POST WITH FLEXIBLE INSULATED OR BRAIDED #4/0 COPPER STRAP. EXOTHERMICALLY WELD STRAP TO BOTH GATE AND GATE POSTS.
22.

ANY METAL FENCE POST WITHIN 6FT OF A GROUNDED METAL OBJECT SHALL BE BONDED TO THE NEAREST GROUND RING. ANY METAL FENCE WITHIN 6FT OF A GROUND RING SHALL HAVE THE LINE POSTS BONDED TO THE GROUND RING AT 20FT MAXIMUM INTERVALS AS MEASURED ALONG THE LENGTH OF THE FENCE.
23.

WHERE GROUND BASED RRU'S, RAYCAP OVP'S OR DIPLEXERS ARE INSTALLED AT THE EQUIPMENT AREA, BOND EACH COMPONENT TO NEAREST TDSGA GROUND BAR BELOW THE COMPONENT WITH #2 GREEN INSULATED STRANDED GROUND WIRE. SINGLE HOLE LUG OR RING TYPE CONNECTOR IS SUITABLE FOR CONNECTION TO GROUNDING STUD ON EACH COMPONENT.
24.

NOTIFY VZW CM TO INSPECT GROUND RING BEFORE BACKFILLING. CONTRACTOR SHALL HIRE A 3RD PARTY TO PERFORM AN IEEE81 FALL OF POTENTIAL METHOD GROUND TEST. MAXIMUM ALLOWABLE RESISTANCE TO GROUND IS 5 OHMS. PROVIDE ADDITIONAL GROUND SYSTEM COMPONENTS AS REQUIRED TO ACHIEVE THIS VALUE.
25.

REFER TO TOWER GROUNDING DIAGRAM AND NOTES FOR GROUND SYSTEM REQUIREMENTS ON THE TOWER.
26.

GROUNDING OF ALL ELECTRICAL EQUIPMENT SHALL BE AS PER NEC, MUNICIPAL AND UTILITY COMPANY REQUIREMENTS.



8821 RESEARCH DRIVE  
CHARLOTTE, NORTH CAROLINA 28262

PROJECT INFORMATION:

SITE NAME:  
GEORGE\_RD  
SITE No.: 696361  
PROJECT #: 15160919  
NC HIGHWAY 22  
BENNETT, NC 27208  
MOORE COUNTY

PLANS PREPARED BY:

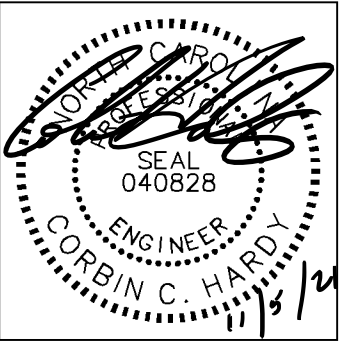


11720 AMBER PARK DRIVE, SUITE 800  
ALPHARETTA, GA 30009  
PHONE: 770-619-4280  
WWW.KIMLEY-HORN.COM  
NC License F-0102

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KHA PROJECT NUMBER:

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DRAWN BY: CHECKED BY:

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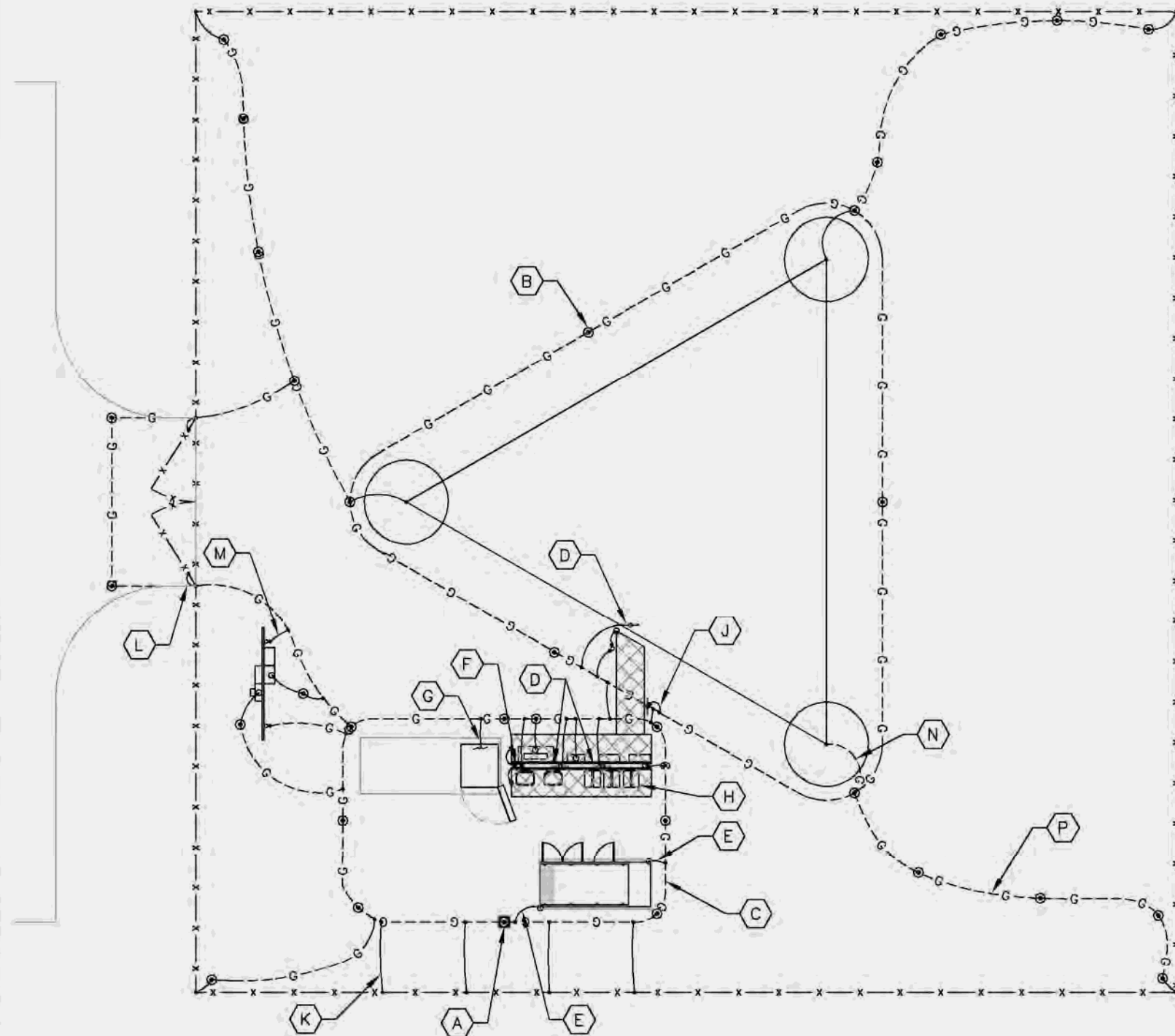
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NOTES

SHEET NUMBER:

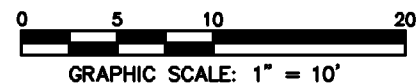
E8



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1 GROUNDING PLAN  
E9 SCALE: 1" = 10'



### KEY NOTES - GROUNDING EQUIPMENT

- (A) GROUND ROD TEST WELL (SEE DETAIL 1/E11).
- (B) GROUND ROD, TYPICAL (SEE DETAIL 2/E11 AND NOTES 2 AND 3 ON E8).
- (C) TOWER AND EQUIPMENT GROUND RING (SEE NOTES 1, 3, 4, 5, 6 AND 7 ON E8).
- (D) TDSGA-PA14 OR TDSGA-BC14 WHERE APPLICABLE (SEE NOTES 10 AND 11 ON E8).
- (E) GENERATOR GROUNDING (SEE NOTE 16 ON E8).
- (F) GPS ANTENNA GROUNDING (SEE NOTE 18 ON E8).
- (G) RF CABINET GROUNDING (SEE NOTE 14 ON E8).
- (H) RRU'S AND OVP'S GROUNDING (SEE NOTE 23 ON E8).
- (J) ICE BRIDGE POST BOND TO GROUND RING, TYPICAL (SEE NOTES 12 AND 13 ON E8).
- (K) FENCE POST GROUNDING, TYPICAL (SEE NOTE 22 ON E8).
- (L) GATE GROUNDING, TYPICAL (SEE NOTES 19, 20 & 21 ON E8).
- (M) UTILITY H-FRAME GROUNDING, TYPICAL (SEE SHEET E3 AND NOTE 13 ON E8).
- (N) TOWER GROUNDING, TYPICAL (SEE NOTES 5, 6 & 25 ON E8).
- (P) GROUND RADIALS, TYPICAL (SEE NOTE 6 ON E8).
- (Q) REFER TO SHEETS E8, E10, E11 & E12 FOR GROUNDING NOTES, DETAILS, AND SPECIFICATIONS.

### LEGEND:

- G --- G --- GROUND RING
- G --- G --- GROUND ROD EXOTHERMICALLY WELDED TO GROUND RING
- EXOTHERMIC WELD
- ⊙ GROUND ROD TEST WELL (SEE DETAIL 1/E11)
- MECHANICAL CONNECTION

**verizon**

8821 RESEARCH DRIVE  
CHARLOTTE, NORTH CAROLINA 28262

### PROJECT INFORMATION:

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SITE No.: 696361  
PROJECT #: 15160919  
NC HIGHWAY 22  
BENNETT, NC 27208  
MOORE COUNTY

### PLANS PREPARED BY:

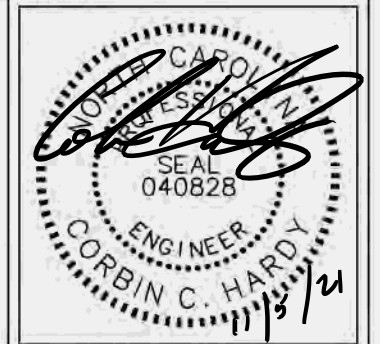
**Kimley»Horn**

11720 AMBER PARK DRIVE, SUITE 600  
ALPHARETTA, GA 30009  
PHONE: 770-619-4280  
WWW.KIMLEY-HORN.COM  
NC License F-0102

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DRAWN BY: CHECKED BY:

JAR

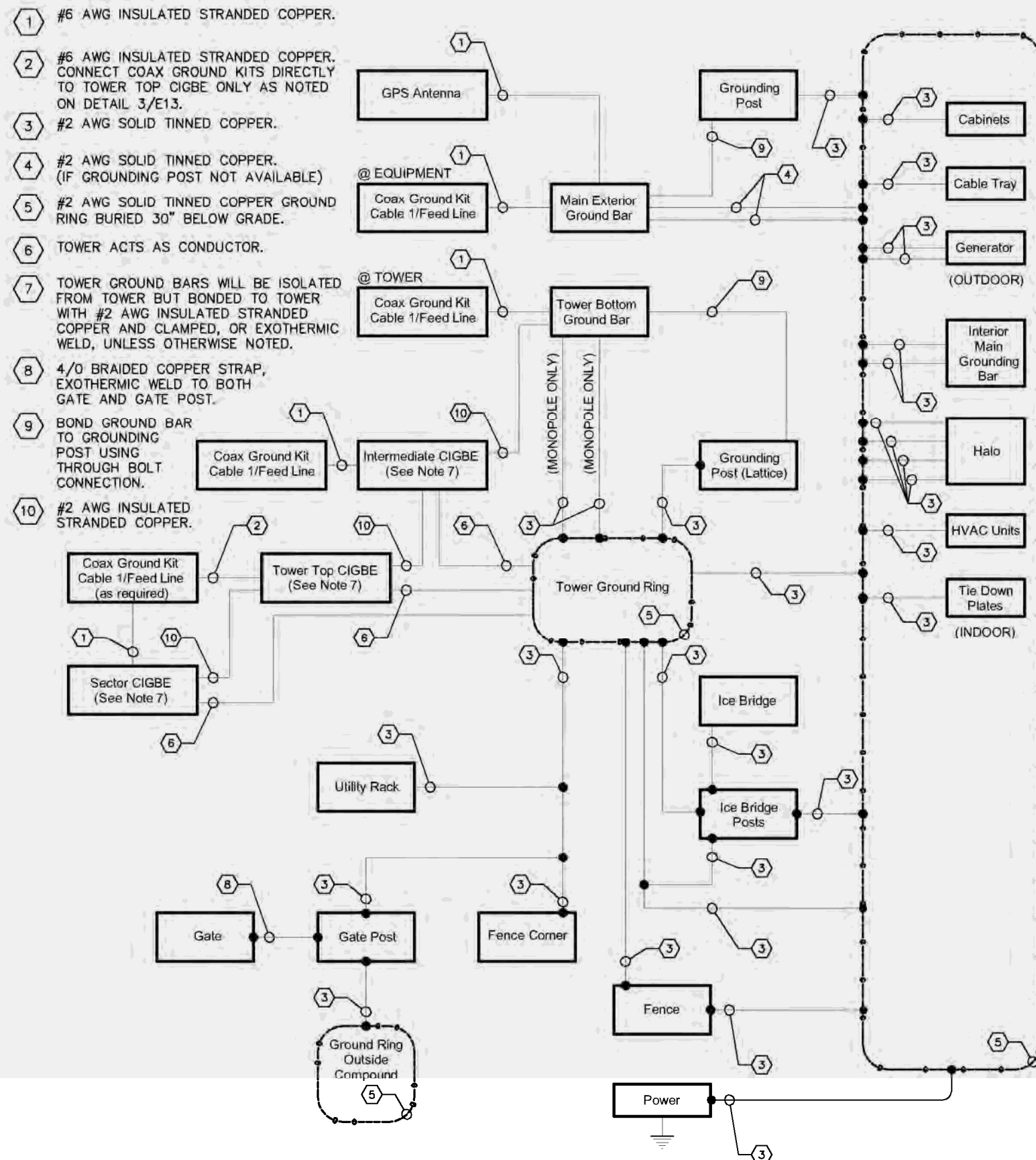
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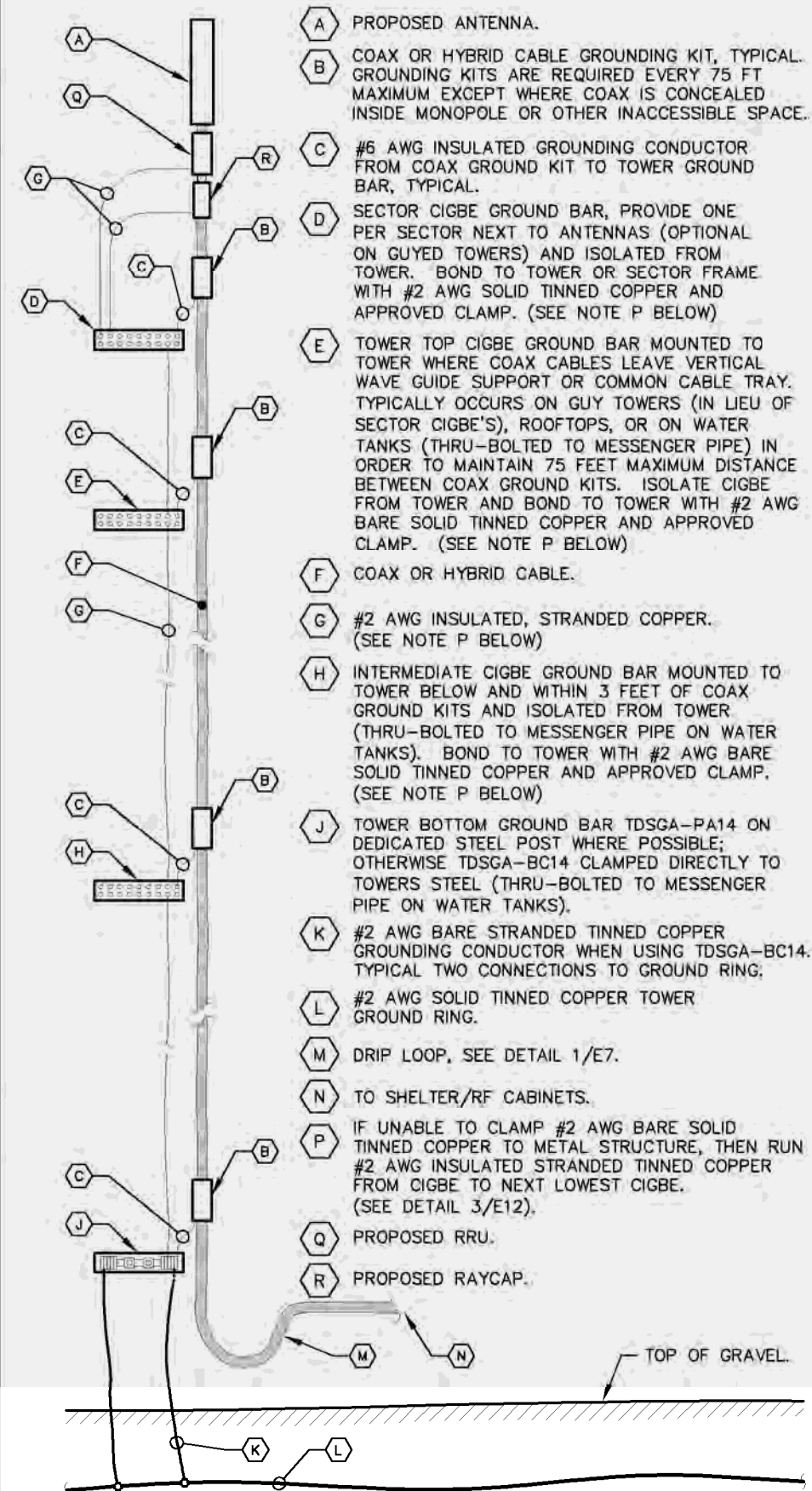
GROUNDING PLAN

SHEET NUMBER:

E9



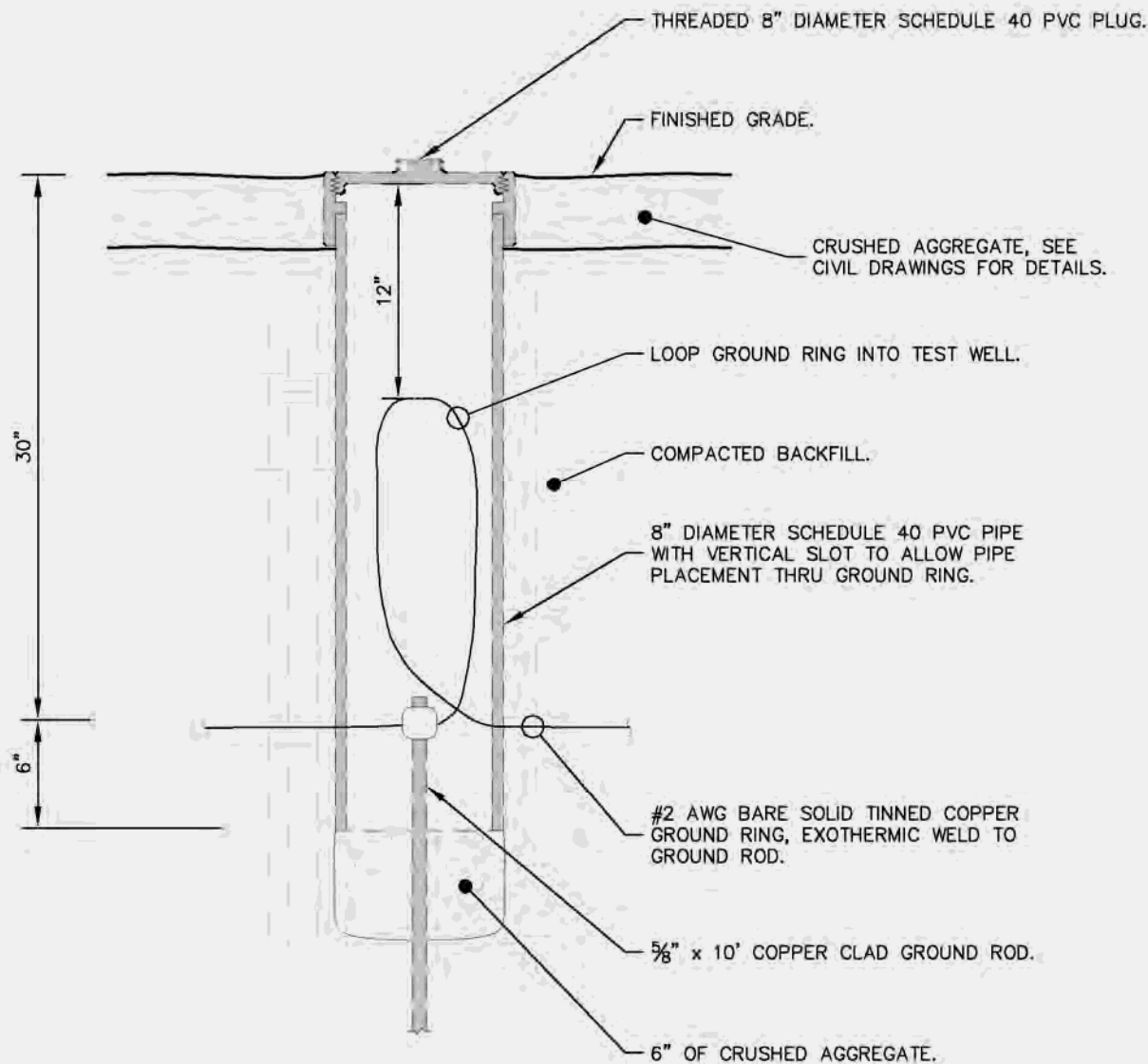
1 GROUNDING SINGLE LINE DIAGRAM  
E10 NOT TO SCALE



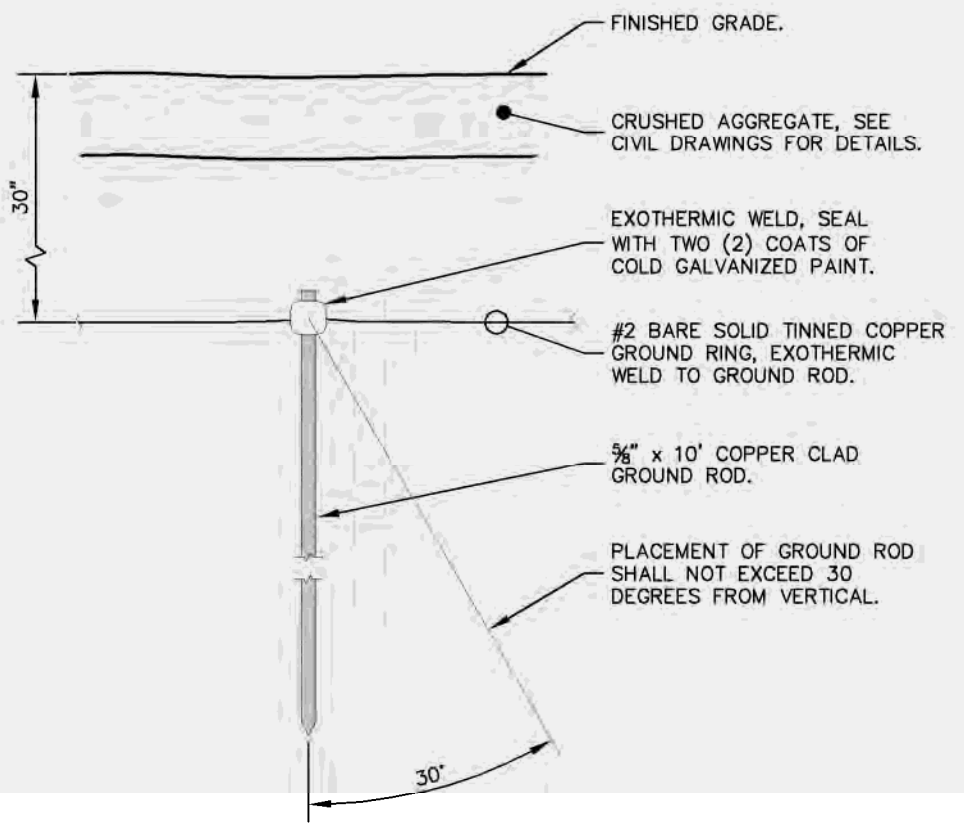
## 2 COAX-TOWER GROUNDING SCHEMATIC

E10 NOT TO SCALE

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1 GROUND ROD TEST WELL DETAIL  
E11 NOT TO SCALE



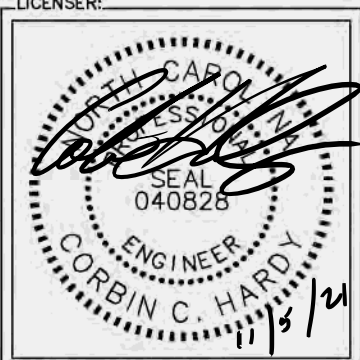
2 GROUND ROD INSTALLATION DETAIL  
E11 NOT TO SCALE



PROJECT INFORMATION:  
SITE NAME:  
GEORGE\_RD  
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NC HIGHWAY 22  
BENNETT, NC 27208  
MOORE COUNTY

PLANS PREPARED BY:  
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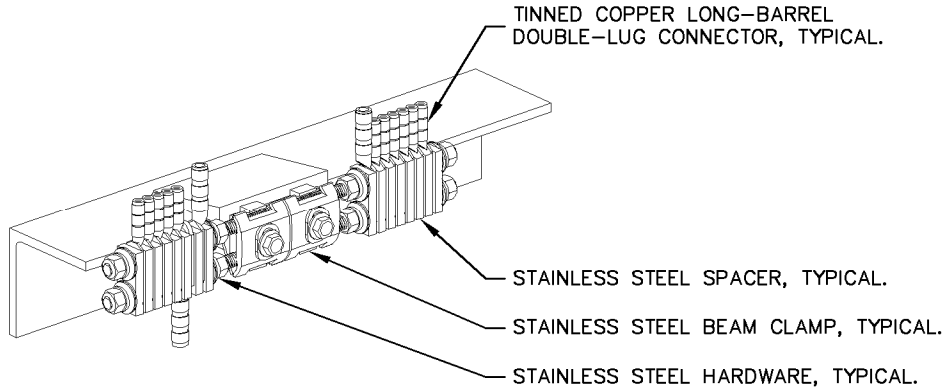


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DRAWN BY: JAR CHECKED BY: CDS

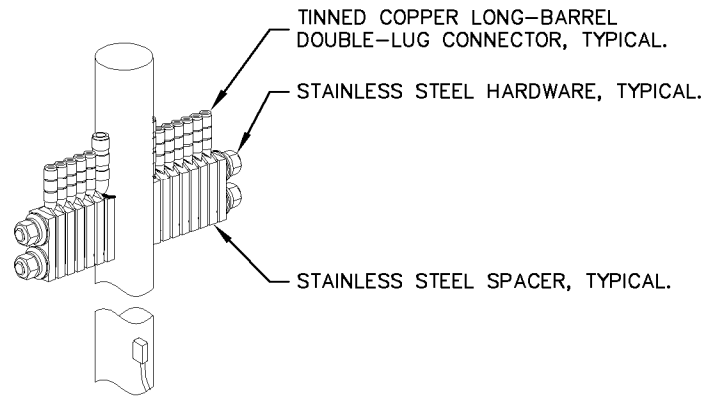
SHEET TITLE:  
**GROUNDING  
DETAILS**

SHEET NUMBER:  
**E11**

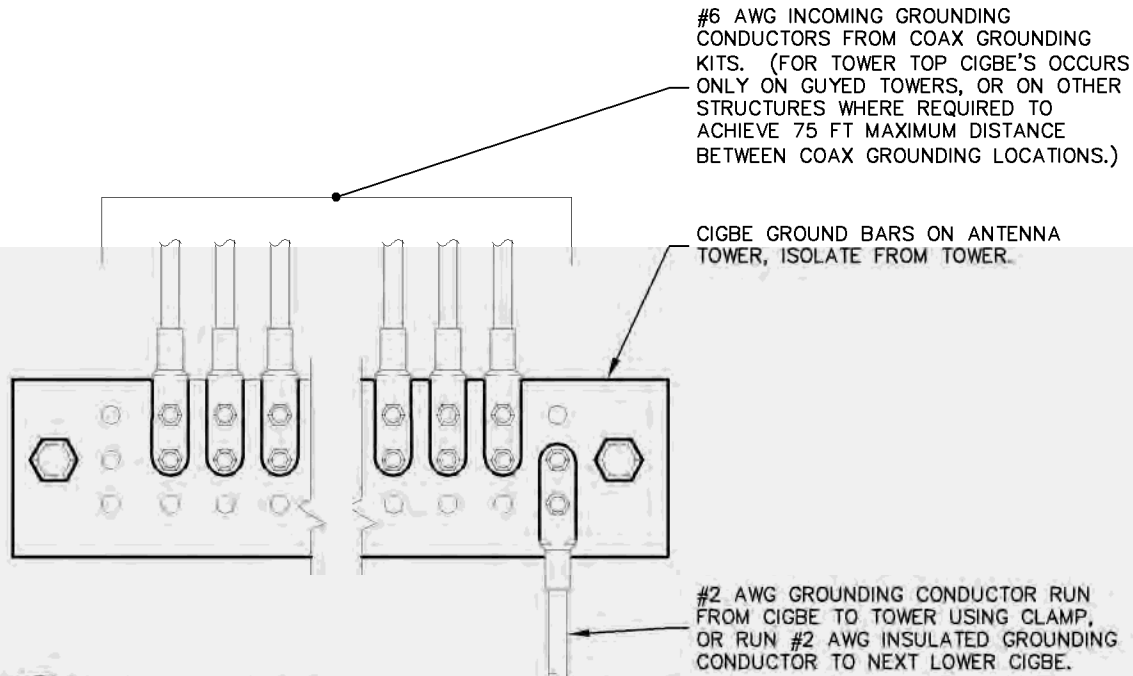
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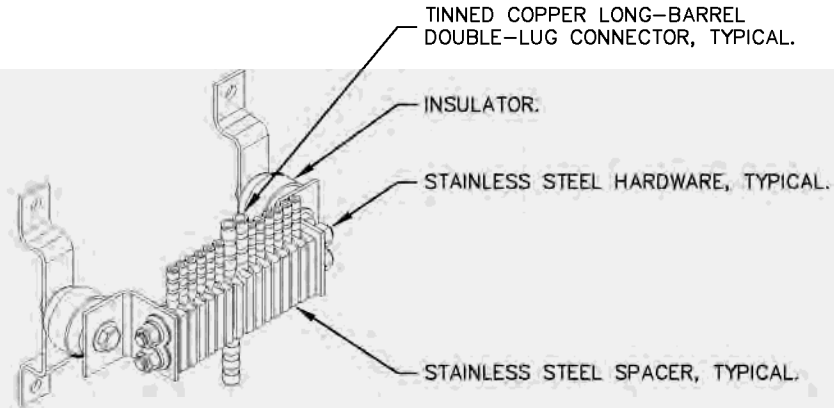
1 BAR NONE GROUNDED BEAM CLAMP (TDSGA-BC14)  
E12 NOT TO SCALE



2 BAR NONE POST MOUNTED (TDSGA-PA14)  
E12 NOT TO SCALE



3 ANTENNA GROUND WIRE INSTALLATION DETAIL  
E12 NOT TO SCALE



4 BAR NONE INSULATED (TDSGA-WB17)  
E12 NOT TO SCALE

NOTES:

1. ALL CIGBE GROUND BARS ON TOWER ARE TO BE ERICO TDSGA. TYPICALLY USE TDSGA-WB17 ISOLATED FROM UNISTRUT BRACKET.
2. IF CIGBE CANNOT BE CONNECTED TO TOWER WITH #2 AWG GROUNDING CONDUCTOR, VIA CLAMP OR EXOTHERMIC WELD, THEN RUN #2 AWG BLACK GROUND LEAD FROM CIGBE DOWN TO NEXT LOWER CIGBE. SECURE GROUND LEAD WITH NON-METALIC TIES AT SAME SPACING AS COAX SUPPORTS.



PROJECT INFORMATION:

SITE NAME:  
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NC HIGHWAY 22  
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MOORE COUNTY

PLANS PREPARED BY:

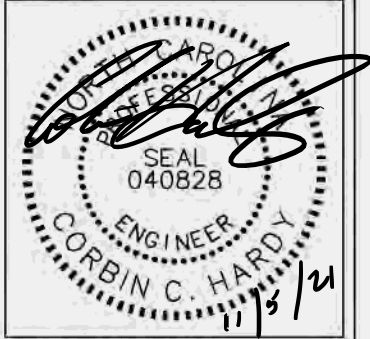


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LICENSER:



KHA PROJECT NUMBER:

013509351

DRAWN BY: CHECKED BY:

JAR CDS

SHEET TITLE:

GROUNDING  
DETAILS

SHEET NUMBER:

E12



**MEMORANDUM TO THE BOARD OF COMMISSIONERS**

**FROM:** Debra Enslinger  
Planning Director

**DATE:** July 11, 2022

**SUBJECT:** 2022 Urgent Repair Program and associated documents.

**PRESENTER:** Debra Enslinger

**REQUEST:**

This is a request to accept \$132,000.00 through the 2022 Urgent Repair Program, approve and adopt the Post Approval Documentation, Procurement Policy, Assistance Policy, Budget Amendment, and any other subsequent documents.

**BACKGROUND:**

On February 15, 2022, the Board of Commissioners approved an application submittal to the North Carolina Housing Finance Agency for funding through the 2022 Urgent Repair Program. The County has been conditionally approved for a set aside amount not to exceed \$132,000.00.

The Urgent Repair Program operates on an annual cycle with a focus on critical repairs for health and safety modifications of income qualified and owner-occupied homes with special needs. Moore County previously participated in the 2010, 2012, 2013, 2015, 2016, 2017, 2018, 2019, 2020 and currently participating in the 2021 program.

Grant requirements include a "Post Approval Documentation" packet consisting of a Procurement Policy, Assistance Policy, and Budget Amendment. The required documents have been reviewed and approved by the County Attorney's Office.

**IMPLEMENTATION PLAN:**

All required documents will be forwarded to the North Carolina Housing Finance Agency and guidelines will be met as set forth in the programs Assistance Policy.

**FINANCIAL IMPACT STATEMENT:**

No financial impact to the County's FY 2022 2023 budget

**STAFF RECOMMENDATION:**

This action will require four (4) separate motions:

- 1) Make a motion to accept the \$132,000.00 - 2022 Urgent Repair Program offered to Moore County through the North Carolina Housing Finance Agency as presented.
- 2) Make a motion to approve, adopt and allow the Chairman to execute Post Approval Documentation, Procurement Policy, Assistance Policy, and all associated documents related to the implementation of the 2022 Urgent Repair Program as presented.
- 3) Make a motion to approve Budget Amendment as presented.
- 4) Make a motion to allow the County Manager to sign funding agreement once received by the North Carolina Housing Finance Agency and any subsequent documents received.

**SUPPORTING ATTACHMENTS:**

Post Approval Documentation, Assistance Policy, Procurement & Disbursement Policy, Budget Amendment



May 31, 2022

A self-supporting  
public agency

Scott Farmer  
Executive Director

PO Box 28066  
Raleigh, NC  
27611-8066

3508 Bush Street  
Raleigh, NC  
27609-7509

Tel. 919-877-5700  
Fax. 919-877-5701  
www.nchfa.com

Mr. Wayne Vest, County Manager  
Moore County  
P.O. Box 905  
Carthage, NC 28327

Dear Mr. Vest:

Again, congratulations on your 2022 Urgent Repair Program (URP22) award. This letter is to provide you with information on the necessary steps to take so that you may begin your URP22 project in a timely manner.

In the envelope, you will find a "*Post Approval Documentation*" packet. Please read it carefully and complete the sections that request specific information or require signatures for certification. Once complete, return it to the Agency along with any other requested documents such as proof of honesty and fidelity bonding, and a notarized copy of the conflict of interest policy governing the recipient entity if required.

The completed PAD with all requested documentation must be received at the Agency by September 6, 2022. If not received by the deadline, your award is subject to cancellation. Once approved, the Funding Agreement will be forwarded to you. It will be your responsibility to have your chief administrative official sign the Funding Agreement and return an executed electronic copy to the Agency. Once the Agency receives the properly executed Funding Agreement, Moore County will be forwarded the first disbursement of Program funds, via direct deposit, equal to 50% of the project allocation hard and soft costs. Enclosed in your PAD is an e-payment form necessary for direct deposit and a financial contact record. Please complete them and forward them with the rest of the PAD.

Should you have any questions, please contact your case manager listed in the instructions section of the enclosed PAD packet. We look forward to working with you toward the successful completion of your URP22 project.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Handley", written over a horizontal line.

Michael Handley  
Manager of Home Ownership Rehabilitation and Compliance

Encl.

cc: Ms. Stephanie Cormack, Administrative Officer II

**North Carolina Housing Finance Agency  
Urgent Repair Program (URP22)  
Post-Approval Documentation**

<b>URP2220</b>	<b>Moore County</b>
----------------	---------------------

**A. Instructions**

Your Application for Funding was approved for the requested amount. The numbers in the table in section E below reflect the numbers from your application and represent the required performance standards for your URP22 award. If you agree with the amounts listed, please provide the information and documentation requested below and return this Post Approval Documentation packet to Dan McFarland, Senior Housing Rehabilitation Officer who will serve as your case manager throughout your project. All proposed changes to these performance standards will require Agency approval and should result in no net loss of application rating points.

**B. Local Matching Funds (*Not Applicable*)**

Your Application for Funding stated that other funds would be available to assist with repairs/modifications of your proposed housing units. Please provide documentation, from the funding source, for each source of local matching funds. The table immediately below summarizes the proposed amount of matching funds according to your application.

Source of Funds	Amount
Total of local matching funds committed to the URP22 project	<b>\$0</b>

**C. Assistance Policy (*Attach*)**

Because URP beneficiaries are not necessarily pre-selected and approved through a public hearing process, it is especially important that URP recipients ***adopt*** an assistance policy that thoroughly and clearly identifies criteria for eligibility for assistance, and for prioritizing applicants once they have been determined eligible. This policy should be fair, open and non-discriminatory. In addition, other facts, policies and procedures affecting potential applicants and/or recipients of assistance should be spelled out in your assistance policy. **Please submit your proposed Assistance Policy as part of the completed Post Approval Documentation.**

**D. Procurement and Disbursement Policies (*Attach*)**

URP Recipients must submit a copy of their Procurement Policy that is specific to URP22 and is written in accordance 2 CFR 200, and a copy of their Disbursement Policy to the Agency for review and approval.

**E. Service Area Requirements**

The Application for funding was approved based partly on your targets for Program assistance by service area and the percentages of Program funding to be spent in each county within the service area. Your required targets (based on your requested amount), broken out by county, are shown in the table below.

Service Area	Proposed # of Units	Program Funds
Moore	10	\$132,000
<b>TOTAL</b>	<b>10</b>	<b>\$132,000</b>

*Continued on Reverse Side*



**F. Bonding/Honesty and Fidelity Insurance Coverage (*Attach*)**

Recipients must submit evidence that honesty and fidelity insurance coverage is available in an amount not less than 50% of your URP22 funding allocation. This must be in the form of a letter from the recipient's insurer identifying the policy by number, the amount of coverage, the effective date, the positions covered by the policy, and containing a statement that NCHFA will be notified in writing if the coverage is discontinued or reduced. For self-insured units of government, the acceptable evidence of insurance will be a letter from the unit's chief financial officer or manager, stating that the unit maintains a self-insurance fund in an amount adequate to provide honesty and fidelity coverage equal to 50% of the URP22 allocation. The letter must state that the recipient will notify NCHFA in writing if the self-insurance is discontinued or reduced to a level that no longer provides the required 50% coverage.

**G. Fiscal Year and Audits (*Complete this section*)**

Recipients will be required to submit reports as required under NC State General Statute 143C-6-23 (Non-Government Organizations) or NC State General Statute 159-34 (Units of Local Government)

Fiscal year begins \_\_\_\_\_ and ends \_\_\_\_\_.

**H. Acknowledgement of Audit Compliance Reporting Responsibilities (*Attach*)**

Please have the financial person from your organization, responsible for coordinating the annual audit, complete and sign the enclosed "Audit Compliance Responsibilities" form, acknowledging its receipt. Then, return it with the completed PAD.

**I. Organizational Documents (*Not Applicable*)**

1. Recipients who are not units of government must supply copies of their organizational documents, including articles of incorporation, by laws and a listing of all directors, officers and staff.
2. Recipients that are private-nonprofit organizations must forward a notarized copy of their Conflict of Interest policy, in accordance with G.S. 143C-6-23, to the Agency, which addresses conflicts of interest that may arise involving any member of the recipient's management, board of directors or other governing body.
3. Recipients that are private nonprofit organizations must provide a written statement, made under oath and completed by the organizations board of directors or appropriate governing body, stating that the organization does not have any overdue taxes, as defined by G.S. 105-243.1.

**J. W9 Tax ID and Direct Deposit (*Attach*)**

1. Enclosed is the Form W-9 Request for Taxpayer Identification Number and Certification. Please complete this form with the requested information and return the completed form with the PAD.
2. Also, enclosed is the form for electronic payments, which will allow for direct deposit of Program funds into your designated checking account. Please complete this form with the requested information and return the completed form with the PAD.

**K. Intergovernmental Agreement (*Not Applicable*)**

Please provide a copy of an intergovernmental agreement between your governmental entity and the governmental entity in which you will be providing services under URP22, as required by GS 160-456.

**L. Certifications**

The Recipient certifies that: 1) there have been no changes in the key personnel or their roles as identified in section III. B of the Application for Funding; or 2) the Recipient has submitted a written request to the Agency indicating the change(s) in personnel and/or their roles accompanied by a detailed resume for each. The Recipient certifies that the information, provided herein and herewith, is complete and accurate and that, if approved by the North Carolina Housing Finance Agency, it will be made part of the Funding Agreement by reference, superseding any conflicting information contained in the original Application for funding without otherwise affecting said Application.

\_\_\_\_\_  
Attest

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

# 2022 Urgent Repair Program Annual Compliance Reporting Information

**Please forward this to the financial person who coordinates your organization's annual audit.**

The 2022 Urgent Repair Program is funded with State funds from the Housing Trust Fund. The North Carolina Housing Finance Agency is the pass-through for these funds.

Federal and State Regulations may change at any time. Refer to the applicable websites for any updates. Your organization will be responsible for complying with any new regulations or statutes as they occur.

**For Non-Profit Organizations only:**

N.C. State General Statute 143C-6-23 – “*State grant funds: administration; oversight and reporting requirements.*” (State funds include federal funds that flow through the State.) These reports will be submitted directly to NCHFA at email [subreport.rehabteam@nchfa.com](mailto:subreport.rehabteam@nchfa.com). Our organization will submit these reports by the required deadline and will notify our NCHFA contact when reports are submitted.

**For Local Government Organizations:**

[www.treasurer.state.nc.us](http://www.treasurer.state.nc.us) – NC State General Statute 159-34 – Audit Requirements of “*The Local Government Budget and Fiscal Control Act*”

Instruct your auditor to send audit confirmations to:

Heather Lawrence

NCHFA

PO Box 28066

Raleigh, NC 27611-8066

919-981-2541

919-877-5703 – fax

[hnlawrence@nchfa.com](mailto:hnlawrence@nchfa.com)



## Acknowledgement of Audit Compliance Reporting Responsibilities

Please 'X' applicable section(s) and return this form with your PAD

\_\_\_\_\_ We are a **non-profit organization(sub-recipient)** and will comply with North Carolina General Statute 143C-6-23 to submit grant reports and the requirement to submit an audited financial statement.

If your organization received **less than \$500,000** in state and/or federal funds in the fiscal year, the following reports must be submitted:

1. A program report of activities and accomplishments. Also, a grant expenditures report providing an accounting how grant funds were expended. The reports are due three (3) months after your fiscal year-end date. Submit reports to: [subreport.rehabteam@nchfa.com](mailto:subreport.rehabteam@nchfa.com).
2. An Audited Financial Statement. The audit is due nine (9) months after your fiscal year-end date. Submit a PDF version electronically to: [caxtell@nchfa.com](mailto:caxtell@nchfa.com).

If your organization received **\$500,000 or more** in state and/or federal funds in the fiscal year, the following reports must be submitted:

1. A program report of activities and accomplishments. Also, a grant expenditures report providing an accounting how grant funds were expended. The report is due three (3) months after your fiscal year-end date. Submit report to: [subreport.rehabteam@nchfa.com](mailto:subreport.rehabteam@nchfa.com).
2. A Single or Yellow Book audit. The audit is due nine (9) months after your fiscal year-end date. Submit a PDF version electronically to: [caxtell@nchfa.com](mailto:caxtell@nchfa.com).

\_\_\_\_\_ We are a **local governmental organization** and will comply with North Carolina General Statute 159-34 to submit an independent audit. The Statute reads, "This audit, combined with the audit of financial accounts, shall be deemed to be the single audit described by the "Federal Single Audit Act of 1984."

The annual audit is due nine (9) months after your fiscal year-end date. Submit a PDF version electronically to: [caxtell@nchfa.com](mailto:caxtell@nchfa.com).

*I acknowledge receipt of the information regarding compliance reporting. I am the person responsible for coordinating the submission of reports that comply with state and federal regulations pertaining to this funding.*

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Federal Tax ID Number \_\_\_\_\_ Fiscal Year End Date \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Award: \_\_\_\_\_

**STATE OF NORTH CAROLINA  
STATE TREASURER'S ELECTRONIC PAYMENTS  
PARTICIPATING ENTITY ACCOUNT INFORMATION**

Entity Name: \_\_\_\_\_

Entity Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

**Note: E-mail address will be used to send notices of deposited funds.**

---

**FINANCIAL INSTITUTION INFORMATION**

Institution Name: \_\_\_\_\_

Transit/Routing #: \_\_\_\_\_

Bank Account #: \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK**

**NOTE: CHECKING ACCOUNTS ONLY PLEASE**

---

**PARTICIPATING ENTITY AUTHORIZATION**

I, on behalf of the participating entity indicated above, hereby authorize the North Carolina State Treasurer, his successors and his agents, at the direction of the State agency indicated above, to initiate ACH credit entries to the above designated bank account for payments due from the State agency for the referenced program name, pursuant to the "Established Operational Procedures for State Treasurer's electronic payments system," which may be in effect from time to time.

Finance Officer's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

MAIL COMPLETED FORM TO:

**NC HOUSING FINANCE AGENCY  
3508 BUSH STREET  
RALEIGH, NC 27609  
ATTN: ACCOUNTS PAYABLE  
Fax: 919-877-5703**



# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
				-			-			
or										
Employer identification number										
				-						

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

**Note:** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

## What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.



**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note: ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

### Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

### Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

#### Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947



The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note:** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

## Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

## Line 6

Enter your city, state, and ZIP code.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note:** See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.SSA.gov](http://www.SSA.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/Businesses](http://www.irs.gov/Businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. Go to [www.irs.gov/Forms](http://www.irs.gov/Forms) to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to [www.irs.gov/OrderForms](http://www.irs.gov/OrderForms) to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.



**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

## What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
6. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor <sup>4</sup>
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

**\*Note:** The grantor also must provide a Form W-9 to trustee of trust.

**Note:** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

## Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

### Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.



The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at [spam@uce.gov](mailto:spam@uce.gov) or report them at [www.ftc.gov/complaint](http://www.ftc.gov/complaint). You can contact the FTC at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see [www.IdentityTheft.gov](http://www.IdentityTheft.gov) and Pub. 5027.

Visit [www.irs.gov/IdentityTheft](http://www.irs.gov/IdentityTheft) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

**Moore County**  
**Assistance Policy**  
**For the 2022 Cycle of the**  
**Urgent Repair Program**

**What is the Urgent Repair Program?** The County of Moore has been awarded \$132,000 by the North Carolina Housing Finance Agency (“NCHFA”) under the 2022 cycle of the Urgent Repair Program (“URP22”). This program provides funds to assist very-low and low-income households with special needs in addressing housing conditions which pose imminent threats to their life and/or safety or to provide accessibility modifications and other repairs necessary to prevent displacement of very-low and low-income homeowners with special needs such as frail elderly and persons with disabilities. A total of 10 households will be assisted under URP22.

This Assistance Policy describes who is eligible to apply for assistance under URP22, how applications for assistance will be rated and ranked, what the form of assistance is and how the repair/modification process will be managed. The County has designed this URP22 project to be fair, open, and consistent with the County’s approved application for funding and with NCHFA’s URP Program Guidelines.

The funds provided by NCHFA come from the North Carolina Housing Trust Fund.

**Eligibility** To be eligible for assistance under URP22 applicants:

- 1) must reside within the county limits of Moore and own and occupy the home in need of repair or have life estate rights; and must be current on all property taxes with no outstanding taxes owed
- 2) must have a household income which does not exceed 50% of the County median income for the household size (see income limits below)
- 3) must have a special need (i.e. be elderly,  $\geq 62$  years old, handicapped or disabled, a single parent with a dependent living at home, a Veteran, a large family with  $\geq 5$  household members or a household with a child below the age of six with lead hazards in the home).
- 4) must have urgent repair needs, which cannot be met through other state or federally-funded housing assistance programs

**URP22 Income Limits\* for Moore County**

Number in Household	30% of Median (very-low income)	50% of Median (low income)
1	\$18,000	\$29,950
2	\$20,550	\$34,200
3	\$23,100	\$38,500
4	\$25,650	\$42,750
5	\$27,750	\$46,200
6	\$29,800	\$49,600
7	\$31,850	\$53,050
8	\$33,900	\$56,450

\*Income limits are subject to change based on annually published HUD HOME Limits and will be updated each year. This update will not require a re-approval of the governing authority.

### **Outreach Efforts of the Urgent Repair**

The County informs Moore County service providers of housing rehab opportunities through a Public Notice submitted to the Pilot (local paper) as well as on the County website. Moore County will notify each of the following agencies of this Project and provide applications for disbursement:

- Moore County Department of Social Services
- Moore County Health Department
- Moore County Senior Enrichment Center
- Local Municipalities within the County
- Action Pathways (Weatherization Program)
- Meals on Wheels
- Moore County Transportation Services
- Veteran's Administration
- Habitat for Humanity
- Independent Living
- ARC of Moore
- Northern Moore Family Resource Center
- Coalition for Human Care
- Red Cross
- United Way

**Selection of applicants** The County has devised the following priority system to rank eligible applicants, determine which of them will be selected for assistance and in what order. Under this system, applicants will receive points for falling into certain categories of special need and income. The applications will be ranked according to which receive the most points.

#### **Priority Ranking System for Moore County's URP22**

<i>Special Needs (for definitions, see below)</i>	<i>Points</i>
Never served by Moore County	10
Disabled, Elderly or Veteran Head of Household (62 or older)	6
Single-Parent Household (with one or more children in the home)	4
Large Family (5 or more permanent residents)	6
Child under six years of age with lead hazards in the home	4
<i>Income (See Income Table above)</i>	<i>Points</i>
Less than 30% of County Median Income	10
30% to 50% of County Median Income	5

**\*\*NOTE\*\*** If the household has more than one special need as outlined above then that applicant will receive the allotted points for all applicable categories.

Under NCHFA Program Guidelines, a minimum of 50% of households assisted must have incomes which are less than 30% of the area median income for the household size, and no household with an income exceeding 50% of the area median income will be eligible. This guideline will be adhered to strictly and will be the primary factor in the selection of those households to be assisted under URP22.



Recipients of assistance under the URP22 will be chosen by the above criteria without regard to race, color, religion, national origin, sex, familial status and disability.

**The definitions of special needs** populations under URP22 are:

- *Never served by Moore County:* A person that has not been served in the past by a previous program offered by Moore County Planning & Inspections Department and will be verified by staff to ensure the allotted points are included in the ranking criteria.
- *Elderly:* An individual aged 62 or older.
- *Disabled:* A person who has a physical, mental, or developmental disability that greatly limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment.
- *Large Family:* A large family household is composed of five or more individuals living in the home; of at least four are immediate family members.
- *Household Member:* Any individual who is an occupant (defined below) of the unit to be rehabilitated shall be considered a “household member” (the number of household members will be used to determine household size and all household members are subject to income verification).
- *Occupant:* An occupant is defined as any immediate family member (mother, father, spouse, son/daughter of the head of the household, regardless of the time of occupancy); or non-immediate family member who has resided in the dwelling at least 3 months prior to the submission of the family’s application.
- *Single-Parent Household:* A household in which one and only one adult resides with one or more dependent children.
- *Veteran:* A person who served in the active military, naval, or air service, and who was discharged or released therefrom under conditions other than dishonorable. Provide DD-214 form to demonstrate.
- *Child with lead hazards in the home:* a child below the age of six living in the applicant house which contains lead hazards.

**Client Referral and Support Services** Many homeowners assisted through the Urgent Repair Program may also need other services. When the Urgent Repair Program staff meet the homeowner during the work write-up process, they will discuss the resources and programs available in the County and provide a copy of Moore County’s “Resource Guide” of agencies and contact numbers that may assist in homeowner needs.

**What is the form of assistance under URP22?** The County will provide assistance to homeowners, whose homes are selected for repair/modification in the form of a loan. Homeowners will receive an unsecured deferred, interest-free loan, forgiven at a rate of \$3,000 per year, until the principal balance is reduced to zero.

**What is the amount of the loan?** The amount of the loan will depend on the scope of work necessary to address the identified imminent threats to life and/or safety, and that will be determined by the County’s Housing Rehab Program Coordinator. There is no minimum to the amount of the loan; however, the maximum life-time limit according to the guidelines of URP22 is \$12,000.

**What kinds of work will be done?** Only repairs that address imminent threats to the life and/or safety of occupants of the dwelling unit or accessibility modifications will be performed

under the County's URP. Please understand that all deficiencies in a home will likely not be able to be repaired with the available funds.

All work that is completed under URP22 must meet or exceed NC Residential Building Code.

**Who will do the work on the homes?** The County is obligated under URP22 to ensure that quality work is done at reasonable prices and that all work is contracted through a fair, open and competitive process. To meet those requirements, the County will allow qualified contractors to provide quotes, bids, or proposals for the products or services needed on each home. Please request a copy of the County's URP22 Procurement and Disbursement Policy for further information.

(Homeowners who know of quality rehabilitation contractors are welcome to invite them to bid.)

A minimum of three qualified contractors will be invited to bid on each job, and the lowest responsive and responsible bidder will be selected for the contract. "Responsive and responsible" is described in the Procurement and Disbursement Policy. All bid opportunities will be posted on the county website, IPS, Hub site, and via email to interested contractors.

A qualified contractor is a contractor who is not debarred on any state or federal list, has proper license and certificates required for the scope of work they are bidding on and have the proper insurance requirements that meets the County's guidelines.

**What are the steps in the process, from application to completion?** Now that you have the information about how to qualify for the County of Moore's URP22, what work can be done, and who will do it, let's go through all the major steps in the process:

- 1. Completing a Request for Assistance form:** Homeowners who wish to apply for assistance must do so by September 30, 2022. Apply by contacting the Planning & Inspections Department, at 910-947-5010. Proof of ownership and income will be required at time of submittal. Those who have applied for housing assistance from the County in the past will not automatically be reconsidered. A new Request for Assistance will need to be submitted.
- 2. Preliminary inspection:** The County's Housing Rehab Program Coordinator will visit the homes of potential loan recipients to determine the need and feasibility of repairs/modifications.
- 3. Screening of applicants:** Request for Assistance will be rated and ranked by the County based on the priority system outlined on page 2. The households to be assisted will be selected by October 31, 2022. Household income will be verified for program purposes only (information will be kept confidential). Ownership of property will be verified along with other rating factors. From this review, the ten (10) most qualified applicants will be chosen according to the priority system described above. There will also be a list of alternates in the order of qualification. Applicants not receiving notification by November 18, 2022 that they were chosen may contact Community Development Staff, at 910-947-5010 to confirm the disposition of the request for assistance.

4. **Applicant interviews:** Approved applicants will be provided detailed information on assistance, program repair/modification standards and the contracting procedures associated with their project at this informational interview.
5. **Work write-up:** The County's Housing Rehab Program Coordinator will visit the home again for a more thorough inspection. All parts of the home must be made accessible for inspection, including the attic and crawlspace, if any. The owner should report any known problems such as electrical short circuits, blinking lights, roof leaks and the like. The Housing Rehab Program Coordinator will prepare complete and detailed work specifications (known as the "work write-up"). A final cost estimate will also be prepared by the Housing Rehab Program Coordinator and held in confidence until bidding is completed.
6. **Formal agreement:** After approval of the work write-up, the homeowner will sign a formal agreement that will explain and govern the repair/modification process and an explanation of the Promissory Note, which is considered a forgivable loan. This agreement will define the roles of the parties involved throughout the process.
7. **Bidding:** The bid invitation and work write-up will be sent to a minimum of three contractors asking those who want to bid on the projects to attend a mandatory pre-bid meeting which will include a walk-through of each home. Only those contractors in attendance will be provided a bid packet and given at least one week to prepare bid proposals. The names of those contractors in attendance will be supplied to the homeowner. Each will need access to those areas of the house, in which work is to be performed, in order to prepare a bid. Unless otherwise indicated a bid opening will be conducted at the Moore County Finance Department at 206 S. Ray St., Carthage, NC at a specified date and time, with all bidders and the homeowner invited to attend.
8. **Contractor selection:** Within six (6) weeks of the bid opening and after review of bid breakdowns and timing factors, the winning bidder will be selected. All bidders and the homeowner will be notified of (1) the selection, (2) the amount, (3) the amount of the County's cost estimate, (4) any support or contingency costs that will be included in the loan amount, and (5) if other than the lowest bidder is selected, the specific reasons for the selection.
9. **Execution of loan and contract:** The loan will be executed as well as the repair/modification contract prior to work beginning on the project. This contract will be between the contractor and homeowner, with the County signing as an interested third party. The cost of the actual work and project related support costs up to the maximum amount of \$1000 will be included in the loan document.
10. **Pre-construction conference:** A pre-construction meeting will be held at the home or designated location. At this time, the homeowner, contractor and Moore County program representatives will be present and discuss the details of the work to be done. Starting and ending dates will be agreed upon, along with any special arrangements such as weekend or evening work hours and disposition of items to be removed from the home (such as old plumbing, etc.). If the contract has been executed, the County will issue a "Notice to Proceed order" formally instructing the contractor to commence by the agreed-upon date within five (5) calendar days of the date stipulated on the "Notice to Proceed".

**11. Construction:** The contractor will be responsible for obtaining any required building and zoning permits for the project before beginning work. The permit must be posted at the house during the entire period of construction. Program staff will closely monitor the contractor during the construction period to make sure that the work is being done according to the work write-up (which is made a part of the rehabilitation contract by reference) and in a timely fashion. Code Enforcement Officers will inspect new work for compliance with the State Building Code as required by the guidelines of URP22. The homeowner will be responsible for working with the contractor toward protecting personal property by clearing work areas as much as practicable. The contractor will be responsible for all clearing and cleaning arising from and due to construction activities.

**12. Change Orders:** All changes to the scope of work must be reduced to writing as a contract amendment ("change order") and approved by all parties to the contract: the owner, the contractor and two representatives of the County of Moore. If the changes require an increase in the loan amount, a loan modification stating these changes in the contract amount must be completed by the County, and executed by the owner. If the changes result in a decrease in the loan amount, an estoppel informing the homeowner of these changes in the contract amount will be completed by the County and conveyed to the owner. "Work must be within the scope of the original project and not so substantial in amount or kind so as to invalidate the original bid procedure."

**13. Payments to contractor:** The contractor will be paid following inspection of and satisfactory completion of all items on the work write-up and change orders, if any, as outlined in the County's Procurement and Disbursement Policy.

**14. Post-construction meeting:** Following construction, the contractor and the Housing Rehab Program Coordinator will sit down with the homeowner one last time. At this meeting the contractor will hand over all owner's manuals and warranties on equipment to the Housing Rehab Program Coordinator for review prior to project closing. The contractor and Housing Rehab Program Coordinator will go over operating and maintenance requirements for any new equipment installed and discuss general maintenance of the home with the homeowner. The homeowner will have the opportunity to ask any final questions about the work and the loan.

**15. Closeout:** Once each item outlined in section 13 has been satisfied and the homeowner has signed a Certificate of Satisfaction, the job will be closed out (fully completed).

**What are the key dates?** If, after reading this document, you feel that you qualify for this program and wish to apply, please keep the following dates in mind:

- Applications available to the public starting September 1, 2022.
- Request for Assistance must be turned in at the Moore County Planning & Inspections Department by 4:30 P.M. on September 30, 2022 .
- Households selected from applications on October 31, 2022.
- All rehabilitation work must be under contract by October 17, 2023.
- All rehabilitation work must be completed by December 30, 2023.

**How do I request an application?** Just contact:



Moore County Planning & Inspections Department  
c/o Community Development Staff  
P.O. Box 905  
Carthage, NC 28327  
910-947-5010

Or pick up a Request for Assistance at the Moore County Planning & Inspections Department, any library within the County, the County Health Department, or the Department of Social Services office.

**Is there a procedure for dealing with complaints, disputes and appeals?** Although the application process and repair/modification guidelines are meant to be as fair as possible, the County of Moore realizes that there is still a chance that some applicants or participants may feel that they were not treated fairly. The following procedures are designed to provide an avenue for resolution of complaints and appeals.

During the application process:

1. If an applicant feels that his/her Request for Assistance was not fairly reviewed or rated and would like to appeal the decision made about it, he/she should contact the Program Administrator within five days of the initial decision and voice their concern. If the applicant remains dissatisfied with the decision, the detailed complaint should be put into writing.
2. A written appeal must be made within 10 business days of the initial decision on an application.
3. The County of Moore will respond in writing to any complaints or appeals within 10 business days of receiving written comments.

During the repair/modification process:

1. If the homeowner feels that repairs or modifications are not being completed per the contract, he/she must inform the contractor and the Community Development Staff.
2. The Housing Rehab Program Coordinator will inspect the work in question. If it is found that the work is not being completed according to contract, the Housing Rehab Program Coordinator will review the contract with the contractor and ask the contractor to remedy the problem.
3. If problems persist, a mediation conference between the homeowner and the contractor may be convened by the Housing Rehab Program Coordinator and facilitated by the County's Community Development Staff.
4. Should the mediation conference fail to resolve the dispute, the Project Administrator at the direction of the Planning Director will render a written final decision.
5. If the Housing Rehab Program Coordinator finds that the work is being completed according to contract, the complaint will be noted and the Housing Rehab Program Coordinator and the homeowner will discuss the concern and the reason for the Housing Rehab Program Coordinator decision.

**Will the personal information provided remain confidential?** Yes. All information in applicant files will remain confidential. Access to the information will be provided only to County employees who are directly involved in the program, the North Carolina Housing Finance Agency and auditors.

**What about conflicts of interest?** No officer, employee or other public official of the County, or member of the Board of County Commissioners, or entity contracting with the County that exercises any functions or responsibilities with respect to URP22 shall have any interest, direct or indirect, in any contract or subcontract for work to be performed with program funding, either for themselves or those with whom they have family or business ties, during their tenure or for one year thereafter. Relatives of County employees, Board of County Commissioners and others closely identified with the County, may be approved for rehabilitation assistance only upon public disclosure before the Board of County Commissioners and written permission from NCHFA.

**What about favoritism?** All activities under URP22, including rating and ranking applications, inviting bids, selecting contractors and resolving complaints, will be conducted in a fair, open and non-discriminatory manner, entirely without regard to **race, color, religion, national origin, sex, familial status and disability**

**Who can I contact about URP22?** Any questions regarding any part of this application or program should be addressed to:

Housing Rehab Program Coordinator  
Carlis P. Sweat  
PO Box 905  
Carthage, NC 28327  
910-947-5010

Project Administrator  
Stephanie Cormack  
PO Box 905  
Carthage, NC 28327  
910-947-5010

These contacts will do their utmost to answer questions and inquiries in the most efficient and correct manner possible.

This Assistance Policy is adopted this \_\_\_\_ day of \_\_\_\_\_ 20\_\_.

BY:

\_\_\_\_\_  
Frank Quis  
Moore County Board of Commissioners Chair

Attest:

\_\_\_\_\_  
Laura Williams  
Clerk to the Board

**County of Moore**  
**Procurement and Disbursement Policy**  
**URGENT REPAIR PROGRAM**

**PROCUREMENT POLICY**

1. To the maximum extent practical, the County of Moore (the County) promotes a fair, open and competitive procurement process as required under the North Carolina Housing Finance Agency's Urgent Repair Program (URP). The County will conduct a public bid which will allow "qualified contractors" to provide quotes, bids or proposals for products and services needed. Every reasonable effort will be made to receive at least three quotes, bids, or proposals. A "qualified contractor" is a contractor who is not debarred on any state or federal list, and has proper licenses and certificates required for the scope of work they are bidding on.

All bid opportunities will be posted on the County website, IPS and HUB websites, and via email to interested contractors.

2. At least three eligible contractors shall be invited to bid on each job. Only those contractors who attend the mandatory pre-bid meeting will be allowed to provide quotes, bids, or proposals for services needed. The award will be made to the lowest responsive and responsible bidder, taking into consideration quality, performance, and the time specified in the bids for the performance of the contract. Reasonable changes may be made in the plans and specifications to bring the contract price within the funds available. This will be accomplished by taking into consideration the same work write-up item(s) reductions for all bidders to compare total revised bid amounts and then awarding to the lowest responsive and responsible bidder. "Responsible" means including but not limited to (a) the contractor is deemed able to complete the work in a timely fashion. "Responsive" means including but not limited to (a) the bid is within 20%, in either direction, of the County's cost estimate, (b) the contractor has not been suspended or debarred on any state or federal list, (c) there is no conflict of interest (real or apparent), and (d) the contractor has met all the requirements of the bid. In the event of a project re-bid due to quotes, bids, or proposals not falling within the County's cost estimate: and there is no change in the scope of work, only those contractors who have not visited the home will be required to attend the walk through of that home.

All contractors working on pre-1978 units must be Renovation, Repair and Painting Rule (RR&P) certified renovators working for Certified Renovation firms; only those contractors with this certificate on file will be invited to bid on pre-1978 homes.

3. Although bid packages may be bundled for multiple job sites, the bids for multiple job sites shall be considered separate and apart when awarded and shall be awarded to the lowest responsive and responsible bidder for each job site.
4. Bid packages shall consist of an invitation to bid, work write up(s) and bid sheet(s) for each job including instructions for distribution and receipt of bids. Contractors who attend the mandatory pre-bid walkthrough will be given no less than seven (7) days to prepare bid proposals. Each contractor will have access to all parts of the house during the pre-bid walkthrough in order to prepare a bid. Unless otherwise indicated a bid opening will be conducted in the Moore County Finance department located at 206 South Ray Street, Carthage, NC at a specified date and time, with all bidders invited to attend.



5. Bids must include a cost-per-item breakdown with line item totals equaling the submitted bid price. Discrepancies must be reconciled prior to a contract being awarded. In the event of calculation errors, the item cost will be the determining factor.
6. Any change to the original scope of work must be reduced to writing in the form of a change order to be agreed upon and signed by all parties to the original contract and two representatives of the County. The change order must also detail any changes to the original contract price. "Work must be within the scope of the original project and not so substantial in amount or kind so as to invalidate the original bid procedure."
7. No work may begin prior to a contract being awarded and a written notice to proceed provided to the contractor. In addition, a pre-construction conference and "walk thru" shall be held at the work site prior to commencement of repair work.
8. The County reserves the right to reject any or all bids at any time during the procurement process.
9. In the event of a true emergency situation, the County reserves the right to waive normal procurement procedures in favor of more expedient methods, which may include seeking telephone quotes, faxed bids, and the like. Should such methods ever become necessary the transaction will be fully documented by noting all parties spoken to, creating a bid tab sheet as required by the County outlining quote amounts and scope of work.
10. All sealed bids will be opened publicly at a time and place to be announced in the bid invitation. All bidders are welcome to attend. Moore County will issue intent to award to the lowest responsible and responsive bidding contractor, pending final award after legal, finance, and Management approval within six (6) weeks of the bid opening. All bidders and the homeowner will be notified in writing of 1) the selection of the winning bid, 2) the amount of the winning bid, 3) the amount of the county's cost estimate upon request; and 4) the specific reasons for the selection, if other than the lowest bidder was selected.
11. The contractor is responsible for obtaining a building and zoning permit for the project before beginning work when applicable. The permit must be posted at the house during the entire period of construction. Moore County Housing Rehab Program Coordinator will closely monitor the contractor during the construction period to make sure that the work is being completed according to the work write-up (which is made part of the rehabilitation contract by reference) and in a timely fashion. Local Code Enforcement Officials will inspect the work for compliance with the NC State Building Code, when applicable. To protect personal property the homeowner will be responsible for working with the contractor toward clearing work areas of personal property as needed as much as practical. The contractor will be responsible for all clearing and cleaning activities necessary due to construction activities.
12. The County of Moore is an equal opportunity employer, implements non-discriminatory practices in its procurement/disbursement and will make special outreach efforts to include M/WBE (Minority Women Business enterprise) businesses within its contractor and subcontractor pool. Contractors will be chosen by the above criteria without regard to race, color, religion, national origin, sex, familial status and/or disability.

## **DISBURSEMENT POLICY**

1. All repair work must be inspected by (a) the County's Housing Rehab Program Coordinator, and (b) the homeowner (c) and the local building inspector when applicable prior to any payments to contractors. If all work is deemed satisfactory and all other factors and written agreements are in order, payment shall be issued upon presentation of an original invoice from the contractor. Contractor should allow 30 business days for processing of the invoice for payment. \*Note\* the contractor must provide the Community Development Staff with all owners' manuals; warranties on equipment/materials if applicable and a use and sales tax certificate will be required to be submitted prior to payment.
2. If any of the work is deemed unsatisfactory, it must be corrected prior to authorization of payment. If the contractor fails to correct the work to the satisfaction of the County Housing Rehab Program Coordinator, payment may be withheld until such time the work is satisfactory. (Contractors may follow the County's Urgent Repair Program Assistance Policy if a dispute occurs; however, contractors shall abide by the final decision as stated in the policy).
3. The County assures, through this policy, that adequate funds shall be available to pay the contractor for satisfactory work.
4. All contractors, sub-contractors and suppliers must sign a lien waiver prior to disbursement of funds.

The Procurement and Disbursement Policies are adopted this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

### **County of Moore**

BY:

\_\_\_\_\_  
Frank Quis  
Board of County Commissioners Chair

ATTEST:

\_\_\_\_\_  
Laura Williams  
Clerk to the Board

### **CONTRACTORS STATEMENT:**

I have read and understand the attached Procurement and Disbursement Policy.

BY:

\_\_\_\_\_

COMPANY NAME:

\_\_\_\_\_

WITNESS:

\_\_\_\_\_

## Fiscal Year 2022/2023

Budget Line Item Number	Budgeted Amount	Increase/ (Decrease)	Revised Budget
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Planning - Urgent Repair

Revenue	24043018 36283 UPR22	Urgent Repair	-	132,000	132,000
Expense	24023018 56295 URP22	Urgent Repair	-	132,000	132,000

Approved this \_\_\_\_\_ day of \_\_\_\_\_, 2022

\_\_\_\_\_  
Frank Quis  
Moore County Board of Commissioners

\_\_\_\_\_  
Laura Williams  
Clerk to the Board



**MEMORANDUM TO BOARD OF COMMISSIONERS:**

**FROM:** Caroline L. Xiong, Finance Director

**DATE:** July 11, 2022

**SUBJECT:** Approval of Memorandum of Agreement with Moore County Schools,  
County of Moore and Sandhills Center

**PRESENTER:** Caroline L. Xiong, Finance Director



**REQUEST:**

Request for approval of Memorandum of Agreement with Moore County Schools, County of Moore and Sandhills Center for the Fiscal Year 2022-2023 and to approve the following budget amendment.

**BACKGROUND:**

In response to the high unmet need for mental/behavioral health care for Moore County Schools' students, the district has envisioned creating a centrally based team of mental/behavioral health practitioners for several years. Thanks to the funding from the Sandhills Center and the support of the County Commissioners, the beginning of this team can now be a reality. A Memorandum of Agreement has been created between all parties through which Sandhills Center would provide funding for one or more licensed school psychologists, school counselors, and/or social workers providing behavioral/mental health services to Moore County Schools students; to cover travel expenses, professional liability insurance, purchase/lease computer equipment and provide training for such professionals. The total annual funding from Sandhills Center to MCS was \$250,000 in FY2022, and it would be \$250,000 for FY2023.

**IMPLEMENTATION PLAN:**

None

**FINANCIAL IMPACT STATEMENT:**

Utilizes funding from the Sandhills Center.

**RECOMMENDATION SUMMARY:**

1. Make a motion to approve the Memorandum of Agreement with Moore County Schools, County of Moore and Sandhills Center for the Fiscal Year 2022-2023.
2. Make a motion to approve the following budget amendment.

**SUPPORTING ATTACHMENTS:**

Memorandum of Agreement– PDF document  
Budget Amendment

## Fiscal Year 2022/2023

Budget Line Item Number	Budgeted Amount	Increase/ (Decrease)	Revised Budget
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### Finance - Sandhills Center - Behavior Health Intervention (BHI)

Revenue	10018000 30457	Sandhills Center BHI Grant	-	250,000	250,000
Expense	10034096 56301	Sandhills Center BHI Grant	-	250,000	250,000

Approved this \_\_\_\_\_ day of \_\_\_\_\_, 2022

\_\_\_\_\_  
Frank Quis  
Moore County Board of Commissioners

\_\_\_\_\_  
Laura Williams  
Clerk to the Board

## MEMORANDUM OF AGREEMENT

This Memorandum of Agreement ("Agreement") is made and entered into this the 27th day of June, 2022, by and between Sandhills Center, a Local Management Entity/Managed Care Organization, with corporate offices at 1120 Seven Lakes Drive, West End, North Carolina; the County of Moore, a body corporate and unit of local government organized and existing under the laws of North Carolina with corporate offices at 1 Courthouse Square, Carthage, North Carolina; and the Moore County Board of Education, a body corporate and unit of local government organized and existing under the laws of North Carolina with corporate offices at 5277 Highway 15-501 South, Carthage, North Carolina.

The term of this contract will be July 1, 2022 – June 30, 2023.

**WHEREAS**, Sandhills Center is a Local Management Entity/Managed Care Organization (LME/MCO), as that term is defined in N.C. Gen. Stat. § 122C-3 (20c), that manages certain publicly-funded behavioral/mental health benefits across its service areas in North Carolina, including Moore County; and

**WHEREAS**, the County of Moore is a unit of local government with general oversight and authority under N.C. Gen. Stat. § 153A-77 over commissions, boards, and agencies of county government, including the local board of health; social services board; and area mental health, developmental disabilities, and substance abuse board; and

**WHEREAS**, the Moore County Board of Education is a unit of local government with general oversight and authority under N.C. Gen. Stat. § 115C-40 over matters pertaining to the public schools within the Moore County Schools administrative unit; and

**WHEREAS**, the parties mutually desire to promote behavioral/mental health services for students enrolled in the Moore County Schools to extent feasible within available funding; and

**WHEREAS**, Sandhills Center desires to disburse to Moore County funds in the amount of Two Hundred Fifty Thousand Dollars (\$250,000.00) to support behavioral/mental health services for the citizens of Moore County; and

**WHEREAS**, the County of Moore desires to disburse said funds to the Moore County Board of Education to promote the provision of behavioral/mental health services for students enrolled in the Moore County Schools; and

**WHEREAS**, the Moore County Board of Education desires to accept said funds and to use them for their intended purpose;

**NOW THEREFORE**, in consideration of the mutual promises contained in this Agreement and for the purposes stated herein, the parties hereby agree as follows:

1. Sandhills Center will reimburse the County of Moore for up to Two Hundred Fifty Thousand Dollars (\$250,000.00) in expenditures to support behavioral/mental health services for the citizens of Moore County. Said funds will be paid on a monthly basis in response to itemized invoices from the County of Moore or appropriate County staff up to the aggregate overall limit of Two Hundred Fifty Thousand Dollars (\$250,000.00); and

2. The County of Moore will reimburse the Moore County Board of Education for up to Two Hundred Fifty Thousand Dollars (\$250,000.00) in expenditures to the Moore County Board of Education to support the provision of behavioral/mental health services for students enrolled in the Moore County Schools. Said funds will be paid on a monthly basis in response to itemized invoices from the Moore County Board of Education or appropriate school system staff up to the aggregate overall limit of Two Hundred Fifty Thousand Dollars (\$250,000.00); and
3. By its approval of this Agreement, the Moore County Board of Education directs its Superintendent and central office administration to apply the funds received from Moore County pursuant to paragraph 2, above, exclusively for the provision of behavioral/mental health services for students enrolled in the Moore County Schools. In particular, the Superintendent and staff are authorized to apply said funds to cover all or part of the salaries of one or more licensed school psychologists, school counselors, school mental health clinician, and/or social workers providing behavioral/mental health services to Moore County Schools students; to cover reasonable travel expenses and obtain professional liability insurance for such professionals; to purchase or lease appropriate computer equipment for such professionals; and/or to provide for appropriate training for such professionals.

**IN WITNESS WHEREOF**, the parties have hereunto set their hands and seals on the date indicated below.

**SANDHILLS CENTER**

DocuSigned by:

*Victoria Whitt*

7A5F3B37328D945...  
Victoria Whitt  
Chief Executive Officer

**COUNTY OF MOORE**

Francis R. Quis, Jr., Chairman  
Board of Commissioners

**MOORE COUNTY BOARD OF EDUCATION**

DocuSigned by:

*LaShunda Maynor*

99A674CBE2794C7  
LaShunda Maynor, Chair

**ATTEST:**

Laura M. Williams  
Clerk to the Board

**Preaudit Certificate**

This instrument has been preaudited in the manner required by the Local Government Budget and Fiscal Control Act.

\_\_\_\_\_  
Moore County Finance Officer



**MEMORANDUM TO BOARD OF COMMISSIONERS:**

**FROM:** Caroline L. Xiong, Finance Director

**DATE:** July 11, 2022

**SUBJECT:** Non-Profit Grant Agreement with Sandhills Center for Fiscal Year 2023

**PRESENTER:** Caroline L. Xiong, Finance Director

**REQUEST:**

Approve the attached Non-Profit Grant Agreement with the Sandhills Center for Mental Health, Developmental Disabilities and Substance Abuse Services ("Sandhills Center").

**BACKGROUND:**

The Sandhills Center provides critical crisis and psychiatric services for the consumers and families in Moore County. Because of the services the Sandhills Center provides to Moore County, the Sandhills Center has been selected as a recipient of Moore County non-profit funding for Fiscal Year 2022-2023 in the amount of \$197,021.00. The breakdown of the Sandhills Center's General Budget Request is as follows:

- General Request..... \$183,771.00
- ABC Funds..... \$13,250.00

**IMPLEMENTATION PLAN:**

None

**FINANCIAL IMPACT STATEMENT:**

A non-profit grant in the amount of \$197,021.00 to Sandhills Center.

**RECOMMENDATION SUMMARY:**

Make a motion to approve the attached Non-Profit Grant Agreement with the Sandhills Center and authorize the Chairman to sign the same.

**SUPPORTING ATTACHMENTS:**

1. Non-Profit Grant Agreement 2022-2023 – The Sandhills Center

**MOORE COUNTY, NORTH CAROLINA  
NON-PROFIT GRANT AGREEMENT 2022-2023**

**THIS GRANT AGREEMENT** is made as of the 11th day of April, 2022, between the **COUNTY OF MOORE**, a political subdivision of the State of North Carolina ("GRANTOR"), and **SANDHILLS CENTER FOR MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE ABUSE SERVICES**, a North Carolina not-for-profit corporation ("GRANTEE").

**W I T N E S S E T H:**

**WHEREAS**, The GRANTOR desires to provide funding to certain non-profit agencies for the provision of public services to Moore County residents; and

**WHEREAS**, GRANTEE has been chosen by the Moore County Board of County Commissioners to be a recipient of Moore County non-profit funding for fiscal year July 1, 2022 – June 30, 2023; and

**NOW, THEREFORE**, in consideration of the mutual recitals, promises, and covenants set forth herein, the parties hereto agree as follows:

1. **Amount and Terms of Grant.** The GRANTOR agrees, subject to the terms and conditions of this Agreement, to provide the GRANTEE the sum of **One Hundred Ninety Seven Thousand Twenty One Dollars (\$197,021.00)** ("**Grant Funds**") to provide funding for the program as described in the GRANTEE's request for funding (hereinafter the "Grant Application"), which Application is hereby incorporated into this Agreement by reference and made an integral part hereof ("Program"). The GRANTOR does not make any warranty, either express or implied, that the proceeds of the Grant Funds will be sufficient to pay all or any particular portion of the cost of the Program.

The amount of the Grant Funds has been determined by the GRANTOR in reliance upon annual expenditures, revenues and projections of the GRANTEE with respect to the Program as set forth in the Grantee's Grant Application.

2. **Unconditional Obligations.** The obligations of the GRANTEE to perform and observe this Grant Agreement and any other agreements on its part contained herein shall be absolute and unconditional. Until such time as all obligations of the GRANTEE provided in this Grant Agreement are met, the GRANTEE (i) shall perform and observe all of its other agreements contained in this Grant Agreement and (ii) shall observe any obligation or covenant, whether expressed or implied, or any duty, liability, obligation or covenant arising out of or connected with this Grant Agreement.

3. **Program Services.** The parties hereto agree that the purpose of this Grant Agreement is to provide Grant Funds to the GRANTEE to enable it to perform a public service. The GRANTEE shall perform the services set forth in the GRANTEE's Grant Application, which are hereby deemed to be public services. Should the services change, GRANTEE shall first seek approval from the Board of County Commissioners through the County Manager. None of the Grant Funds authorized hereby may be used for any purpose not specifically determined to be a public service, and in no circumstances may they be used except in accordance with the requirements of Paragraph 4, below.

4. **Use of Grant funds.** The GRANTEE shall expend GRANTOR Grant Funds only for the performance of the services or functions detailed in GRANTEE's Grant Application. For purposes of this Grant Agreement, allowable expenses shall **not** include the following:

- Bad debts

- Contingencies
- Contributions and donations
- Entertainment costs
- Fines and penalties
- Interest and other financial costs
- Legislative expenses

5. **Term of Grant Agreement.** The term of this Grant Agreement shall begin on the date first written above and, unless sooner terminated as provided herein, shall expire on June 30, 2023, or upon compliance with all of the provisions of this Grant Agreement, whichever shall occur last.

6. **Payment.** Unless otherwise first approved in writing by the GRANTOR's Finance Director, GRANTOR shall make equal semi-annual payments to the GRANTEE, issuing a check on the first Friday of August and February of the County's fiscal year. The GRANTOR, in its sole discretion, may delay or cancel such payments for failure by the GRANTEE to comply with any of the provisions of this Grant Agreement.

7. **Payments Do Not Constitute a Waiver.** No payment of Grant Funds hereunder shall constitute a waiver of any of the conditions of the GRANTOR's obligation to make further payments nor, in the event the GRANTEE is unable to satisfy any condition required hereunder, shall any such payment have the effect of precluding the GRANTOR from thereafter declaring such inability to satisfy to be a breach of this Grant Agreement.

8. **Financial Recordkeeping.** The GRANTEE, at GRANTEE's sole expense, shall account to the satisfaction of the GRANTOR's Internal Auditor for all Grant Funds received from the GRANTOR under this Grant Agreement and all expenditures made from Grant Funds.

Such accounting shall be in a form prescribed by the Internal Auditor, and shall include a report on an audit of all Grant Funds (including the management letter, if issued) performed by a person or firm approved by the Internal Auditor (except that any Certified Public Accountant or any Certified Public Accounting firm licensed to operate in North Carolina shall be deemed automatically approved by the Internal Auditor). Grantee shall also provide the Internal Auditor with semi-annual financial statements on or before August 15 and January 28. The GRANTEE shall provide such other information, records or documentation as the Internal Auditor may require. Non-compliance with this section shall be deemed a material breach of this Grant Agreement.

**GRANTEE shall submit the audit report, management letter and semi-annual financial statements to:**

**Moore County Financial Services  
Attn: Finance Department - Internal Auditor  
Post Office Box 905  
Carthage, N.C. 28327  
Telephone: 910-947-6310**

Additionally, the GRANTEE shall allow the GRANTOR's Internal Auditor access to the records and information required hereunder and shall facilitate a review of the accounting and program operations as may be required. The GRANTOR shall have the right to do site visits within one (1) week of request to do so.

GRANTEE shall retain financial and program records for a minimum period of three (3) years following the expiration or earlier termination of this Grant Agreement.

9. **Warranties of GRANTOR.** GRANTOR warrants and represents that it is a political subdivision of the State of North Carolina and that it has duly authorized the execution and delivery of this Grant Agreement. The GRANTOR further warrants and covenants the GRANTOR will at all times faithfully observe and perform all agreements, covenants, undertakings, stipulations and provisions contained in this Grant Agreement and in all proceedings of the GRANTOR pertaining to this Grant Agreement.

10. **Warranties of the GRANTEE:** The GRANTEE hereby makes the following warranties and representations to induce the GRANTOR to enter into this Grant Agreement:

- a. GRANTEE is a North Carolina not-for-profit corporation duly organized and existing under and by virtue of the laws of the State of North Carolina ("State"); and
- b. GRANTEE is not in violation of any provision of its articles of incorporation or any laws of the State relevant to the transactions contemplated by this Grant Agreement; and
- c. GRANTEE has full power and authority to execute and deliver this Grant Agreement and to carry out the Programs and obligations provided for herein. The execution and delivery of this Grant Agreement has by proper action been duly authorized by the GRANTEE and all actions necessary have been taken to constitute this Grant Agreement when executed and delivered by the respective parties thereto, valid and binding obligations of the GRANTEE; and
- d. The execution, delivery and performance by the GRANTEE of this Grant Agreement and the consummation of the Programs and obligations contemplated hereby will not violate any provision of law or regulation applicable to the GRANTEE, or of any writ or decree of any court or governmental authority, or of the articles of incorporation and by-laws of the GRANTEE, or of any mortgage, indenture contract, agreement or other undertaking to which the GRANTEE is a party or which purports to be binding upon the GRANTEE or upon any of its assets; and
- e. GRANTEE shall do or cause to be done all things necessary to preserve, maintain and keep in full force and affect its legal existence and comply with all laws applicable to it so long as it remains obligated to the GRANTOR under this Grant Agreement; and
- f. All information in the GRANTEE's Grant Application or otherwise given by the GRANTEE to the GRANTOR, is and shall be true and correct. GRANTEE has not and shall not hereafter neglect to inform the GRANTOR of any material information pertaining to the Program described in GRANTEE's Grant Application; and
- g. GRANTEE at the GRANTEE's expense shall assist the GRANTOR in obtaining any information or documentation required to verify the statements and comments made in this Grant Agreement. GRANTEE hereby consents to any inspection of the Program required for such verification and agrees to supply any information or documentation required for such verification within the GRANTEE's control as the GRANTOR may request.



11. **Insurance Requirements.** GRANTEE shall comply with the North Carolina Workers' Compensation Act and shall provide for the payment of workers' compensation to its employees in the manner and to the extent required by such Act during the performance of services.

GRANTEE shall maintain, at its expense, the minimum insurance coverage deemed necessary by the GRANTOR'S Risk Manager. GRANTEE upon request by GRANTOR shall furnish a certificate of insurance from an insurance company licensed to do business by the North Carolina Department of Insurance verifying the existence of any insurance coverage required by GRANTOR. The certificate shall provide for sixty (60) days advance notice in the event of termination, reduction or cancellation of coverage.

12. **Notices.** When any notice or consent is required to be given under the terms of this Grant Agreement, such notice or consent shall be in writing and shall be effective only upon actual receipt by the party to whom notice is given. Such notice shall be delivered to the addresses below or to such other persons or addresses as the parties may, from time to time, establish in writing:

In case of the GRANTOR, to:

Moore County Manager  
Historic Courthouse  
Post Office Box 905  
Carthage, NC 28327

With a Copy to:

Finance Officer  
Central Services Building  
Post Office Box 905  
Carthage, NC 28327

In case of the GRANTEE, to:

Sandhills Center for Mental Health, Developmental Disabilities and Substance Abuse Svcs.  
P.O. Box 9  
West End, NC 27376

13. **Applicable Laws.** GRANTEE shall be responsible for compliance with all applicable federal, state and local laws, regulations and ordinances during the performance of the Programs, services and functions funded in whole or in part by this Grant Agreement including North Carolina bid laws and any state or federal tax reporting requirements.

14. **Conflict of Interest.** No officials or employees of the GRANTEE may obtain or receive, directly or indirectly, any personal or financial interest, benefit or gain from the Grant Funds other than salaries and normal benefits, either for themselves or those with whom they have family or business ties.

15. **Repayment of Funds.** GRANTEE shall repay to the GRANTOR the full amount of any Grant Funds lost, misapplied, or inadequately accounted for in violation of this Grant Agreement.

16. **Indemnification.** To the fullest extent permitted by laws and regulations, the GRANTEE shall indemnify and hold harmless the GRANTOR and its officials, agents, and employees from and against all claims, damages, losses, and expenses, direct, indirect, or consequential (including but not limited to fees and charges of attorneys and other professionals and costs related to court action or arbitration) arising out of or resulting from the performance of this Grant Agreement or the actions of the GRANTEE or its officials, employees, or contractors under this Grant Agreement or under the contracts entered into by the GRANTEE in connection with this Grant Agreement. This indemnification shall survive the termination of this Grant Agreement.

17. **Governing Law.** This Grant Agreement shall be governed by and in accordance with the laws of the State of North Carolina. All actions relating in any way to this Grant Agreement shall be brought in the General Court of Justice in the County of Moore and the State of North Carolina.

18. **Special Conditions.** GRANTEE shall meet any special conditions, which are attached hereto and incorporated herein.

19. **Equal Employment Opportunity.** GRANTEE shall not discriminate against any employee or applicant for employment because of age, sex, race, creed, national origin, or disability. GRANTEE shall take affirmative action to ensure that its employees are treated fairly and legally during employment with regard to their age, sex, race, creed, national origin, or disability. In the event GRANTEE is determined by the final order of an appropriate agency or court to be in violation of any non-discrimination provision of federal, state or local law or this provision, this Grant Agreement may be canceled, terminated or suspended in whole or in part by GRANTOR, and GRANTEE may be declared ineligible for further GRANTOR Grant Funds.

20. **Termination.** GRANTOR may terminate this Grant Agreement at any time by giving ten (10) days written notice of termination to the GRANTEE. If termination is for convenience and not due to a material breach of this Grant Agreement by the GRANTEE, then the GRANTOR shall pay to the GRANTEE a pro rata share of the Grant Funds for the authorized monthly expenditures incurred, if any, by the GRANTEE in accordance with this Grant Agreement prior to such termination. If termination is due to a material breach of this Grant Agreement by GRANTEE, then no pro rata share of Grant Funds shall be due.

Termination of this Grant Agreement, either with or without cause, shall not form the basis of any claim for loss of anticipated profits by either party.

21. **Assignment.** GRANTEE may not assign, transfer or delegate any of its duties, obligations or responsibilities under this Grant Agreement without the prior written consent of the GRANTOR.

22. **Waiver.** No action or failure to act by the GRANTOR or GRANTEE shall constitute an obligation or duty afforded them under this Grant Agreement, nor shall such action or failure to act constitute approval of or acquiescence in a breach hereunder, except as may be specifically agreed to in writing by the non-breaching party.

23. **Exercise of Functions.** Nothing contained in this Grant Agreement shall in any way stop, limit or impair the GRANTOR from exercising or performing any regulatory, policing or other governmental functions.

24. **No Partnership.** Nothing in this Grant Agreement is intended or shall be considered to create a joint venture or partnership between the GRANTOR and the GRANTEE nor be interpreted to deem either the agent of the other or to make the GRANTOR in any way responsible for the duties, responsibilities, obligations, liabilities, debts or losses of the GRANTEE.

25. **Time of the Essence.** Time is of the essence with respect to each and every covenant, agreement and obligation of GRANTEE under this Grant Agreement.

26. **Whole Agreement.** This Grant Agreement, including the GRANTEE'S Grant Application, shall be the whole agreement between the GRANTOR and the GRANTEE with respect to the matters set forth herein and the Grant Funds.

27. **Headings.** All headings that appear after paragraph numbers in this Grant Agreement are included for convenience only and shall not affect the meaning or interpretation of any of the provisions of the Grant Agreement.

28. **Iran Divestment Act.** The Contractor certifies that: (i) the Contractor is not listed on the Final Divestment List created by the State Treasurer pursuant to N.C.G.S. § 147-86.58 (the "Final Divestment List"). The Final Divestment List can be found on the State Treasurer's website at the address <https://www.nctreasurer.com/office-state-treasurer/divestment-and-do-not-contract-rules>. Any contract in violation of this Act is void.

29. **Divestment From Companies Boycotting Israel Act.** This Contractor certifies that the Contractor is not identified as an entity by the North Carolina Secretary of State that is engaged in a boycott of the State of Israel pursuant to N.C.G.S., Article 6G, Chapter 147. The Final Divestment List can be found on the State Treasurer's website at <https://www.nctreasurer.com/office-state-treasurer/divestment-and-do-not-contract-rules>. Any contract in violation of this Act is void.

IN WITNESS WHEREOF, the parties hereto have set their hands and seals on the day and year first written.

COUNTY OF MOORE

ATTEST:

\_\_\_\_\_  
Francis R. Quis, Jr., Chairman  
Moore County Board of Commissioners

\_\_\_\_\_  
Laura M. Williams  
Clerk to the Board

**SANDHILLS CENTER FOR MENTAL  
HEALTH, DEVELOPMENTAL  
DISABILITIES AND SUBSTANCE  
ABUSE SERVICES**

DocuSigned by:  
  
\_\_\_\_\_  
7A5F5B37328D445...  
Victoria Whitt

**PREAUDIT CERTIFICATE**

This instrument has been pre-audited in the manner required by the Local Government Budget and Fiscal Control Act.

DocuSigned by:  
  
\_\_\_\_\_  
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Finance Officer

**Agenda Item: VIII.D.**  
**Meeting Date: August 2, 2022**

**MEMORANDUM TO THE MOORE COUNTY BOARD OF COMMISSIONERS:**

**FROM:** Moore County Health Department

**DATE:** July 25, 2022

**SUBJECT:** FY 23 Activity 546 Communicable Disease Pandemic Recovery

**REQUEST:** That the Moore County Board of Commissioners approve the Moore County Health Department's request to accept funding in the amount of \$355,850 as per the FY23 Activity 546 Communicable Disease Pandemic Recovery Agreement Addendum and to grant Interim Health Director, Matthew Garner, signatory authority for the agreement.

**BACKGROUND:** The federal American Rescue Plan Act (ARPA) enacted on March 11, 2021, provides relief to address the continued impact of COVID-19 on the economy, public health, state and local governments, individuals, and businesses. All funds made available through Activity 546 Communicable Disease Pandemic Recovery Grant are to support obligations and expenditures through December 31, 2024. Unspent funds will carry forward until the federal grant period end date.

The Activity 546 General Communicable Disease Pandemic Recovery grant is intended to assist local health departments to return to, and in some instances exceed, pre-pandemic service delivery for other communicable diseases.

To ensure the community's health and to achieve equitable health outcomes, the Local Health Department (LHD) will expand essential public health services to control communicable diseases in their community. Services provided will include communicable disease surveillance, investigation, detection, control, reporting, and prevention activities at the local level to address the COVID-19 public health emergency and other communicable disease challenges impacted by the COVID-19 pandemic.

**FINANCIAL IMPACT:** No local funds are required.

**IMPLEMENTATION PLAN:** Upon approval by the Moore County Board of Commissioners, the Health Director will take all necessary steps to execute the FY23 Activity 546 agreement addendum.

**RECOMMENDATION SUMMARY:** That the Moore County Board of Commissioners approve the Moore County Health Department's request to accept funding in the amount of \$355,850 as per the FY23 Activity 546 Communicable Disease Pandemic Recovery Agreement Addendum and to grant Interim Health Director, Matthew Garner, signatory authority for the agreement.

**ATTACHMENTS:** FY23 Activity 546 Communicable Disease Pandemic Recovery Agreement Addendum



# Division of Public Health

## Agreement Addendum

### FY 22-23

Page 1 of 7

Moore County Health Department  
**Local Health Department Legal Name**

546 Communicable Disease Pandemic Recovery  
**Activity Number and Description**

06/01/2022 – 05/31/2023

**Service Period**

07/01/2022 – 06/30/2023

**Payment Period**

☒ Original Agreement Addendum  
☐ Agreement Addendum Revision # \_\_\_\_\_

Epidemiology / Communicable Disease Branch  
**DPH Section / Branch Name**

Vanessa Gailor 919-546-1658  
vanessa.gailor@dhhs.nc.gov

**DPH Program Contact**  
(name, phone number, and email)

**DPH Program Signature** **Date**  
(only required for a negotiable Agreement Addendum)

#### I. **Background:**

The federal American Rescue Plan Act (ARPA) enacted on March 11, 2021, provides relief to address the continued impact of COVID-19 on the economy, public health, state and local governments, individuals, and businesses. A component of ARPA is the State and Local Fiscal Recovery Funds which provides state, local, and Tribal government with the resources needed to respond to the pandemic and its economic effects and to build a stronger, more equitable economy during the recovery. With this, the COVID-19 pandemic has highlighted the need for additional funding of communicable disease programs at the local level to ensure that all communicable disease activities are able to be completed.

Funding provided in the American Rescue Plan Act of 2021 is delineated in Senate Bill 105 for 2021-2023, as outlined below:

Of the funds appropriated in this act from the State Fiscal Recovery Fund to the Department of Health and Human Services, Division of Public Health, the sum of thirty-six million dollars (\$36,000,000) in nonrecurring funds for the 2021-2022 fiscal year shall be allocated to local health departments to expand communicable disease surveillance, detection, control, and prevention activities to address the COVID-19 public health emergency and other communicable disease challenges impacted by the COVID-19 public health emergency. The Division of Public Health shall expend up to eighteen million dollars (\$18,000,000) of these allocated funds during the 2021-2022 fiscal year and any remaining funds during the 2022-2023 fiscal year. In the distribution of these funds to local health departments under this section, for each year of the 2021-2023 fiscal biennium, the Division of Public Health shall divide nine million dollars (\$9,000,000) equally among the local health departments based on the number of

Health Director Signature (use blue ink or verifiable digital signature)

Date

LHD to complete: LHD program contact name: \_\_\_\_\_  
[For DPH to contact in case follow-up information is needed.] Phone and email address: \_\_\_\_\_

**Signature on this page signifies you have read and accepted all pages of this document.** Template rev. August 2021

counties served by each local health department. The Division of Public Health shall distribute the remaining nine million dollars (\$9,000,000) to local health departments based upon the percentage of the State population served by each of the local health departments. The Division shall begin distributing the funds allocated under this section no later than 60 days after this act becomes law. In utilizing these funds, local health departments shall comply with applicable federal rules and guidance governing the State Fiscal Recovery Fund (SFRF).

## **II. Purpose:**

The primary mission of the North Carolina Communicable Disease Branch (CDB) is to reduce morbidity and mortality resulting from communicable diseases that are a significant threat to the public, through detection, tracking, investigation, control, education, and care activities to improve the health of people in North Carolina. Under the overarching goal of providing the best level of care possible to North Carolinians, the Communicable Disease Branch works with Local Health Departments to control the spread of communicable diseases in the community, detect cases of communicable disease and monitor for the occurrence of new cases.

Since the beginning of the Coronavirus disease (COVID-19) pandemic, local health departments have served as a primary response agency for the communities within their jurisdiction. The scope and magnitude of the COVID-19 response required an “all hands-on deck” approach that redirected staff from much of their normal day-to-day responsibilities. This created a disproportionate focus on COVID-19 cases at the expense of other communicable diseases. As a result, the ability to perform routine activities (e.g., case investigation/management, patient education, etc.) for these other diseases has been suboptimal compared to pre-pandemic efforts. This project is intended to assist local health departments to return to, and in some instances exceed, pre-pandemic service delivery for other communicable diseases.

In accordance with the memorandum of understanding between the North Carolina Pandemic Recovery Office (NCPRO) and the Department of Health and Human Services, the SLFRF federal award to North Carolina provides financial assistance for the state to do the following:

- To provide government services to the extent of the reduction in revenue due to the COVID– 19 public health emergency relative to revenues collected in the most recent full fiscal year prior to the emergency.

**Within the applicable category described above, the 2021 Appropriations Act allocated funds to administer the following project with a total appropriation of \$36,000,000.00:**

**Provides funds for local health departments to expand communicable disease surveillance, detection, control, and prevention activities to address COVID-19 and other communicable disease-related challenges impacted by the COVID-19 pandemic.**

**Note:** *All funds will be made available through AA 546 Communicable Disease Pandemic Recovery to support obligations and expenditures through December 31, 2024. Unspent funds will carry forward until the federal grant period end date.*

## **III. Scope of Work and Deliverables:**

To ensure the community’s health and to achieve equitable health outcomes, the Local Health Department (LHD) will expand essential public health services to control communicable diseases in their community. Services provided will include communicable disease surveillance, investigation, detection, control, reporting, and prevention activities at the local level to address the COVID-19 public health emergency and other communicable disease challenges impacted by the COVID-19 pandemic.

To ensure the effective delivery of these services, recommended LHD activities include:

1. Enhancing workforce capacity by hiring temporary staff with knowledge in communicable disease, public health, public health nursing, or other applicable fields in order increase the number of full-time equivalent employees.
  - a. The LHD will maintain a minimum of two public health nurses with communicable disease program responsibilities who have completed the *Introduction to Communicable Disease Surveillance and Investigation in North Carolina* course or successfully completed the challenge exam and received an orientation to communicable disease investigation and reporting by a Regional Communicable Disease Nurse Consultant.
2. Providing staff training opportunities including, but not limited to, training staff on applicable systems and databases (NC EDSS, NC COVID) to improve LHD capacities to effectively conduct surveillance, investigation, detection, control, and prevention of communicable diseases.
  - a. Within one year of employment, every public health nurse with responsibility for communicable disease surveillance and investigation will complete the *Introduction to Communicable Disease Surveillance and Investigation in North Carolina* course offered by the Technical Assistance and Training Program (TATP) of the CDB.
  - b. Public health nurses assigned to communicable disease investigation in a primary or backup role will be oriented to the role of Communicable Disease Nurse by the Regional TATP Nurse Consultant Team within three months of assignment of a new primary or backup Communicable Disease Nurse.
  - c. Public health nurses assigned to the primary role of communicable disease are encouraged to incorporate additional training relevant to communicable disease into their continuing education plans.
3. Advancing data infrastructure by purchasing software and equipment that enhance or expand data management and infrastructure, including systems designed for flexible data collection, reporting, and analysis.
4. Supporting community partners by offering appropriate meetings, webinars, and educational opportunities.
5. Engaging community partners by referring clients to relevant and applicable resources.
6. Engaging community partners by developing and disseminating educational resources.
7. Other operational activities in addition to those listed above, including the expenses incurred in conduct or support of those activities.

#### IV. **Performance Measures / Reporting Requirements:**

The reporting below shall be provided by the LHD to DPH via the Smartsheet dashboard, which can be accessed at <https://app.smartsheet.com/b/publish?EQBCT=8716e48245fe46559be725a9d628d031>.

1. **Performance Measure #1:** The LHD shall complete both monthly financial reporting and quarterly performance reporting, as outlined below, via Smartsheet.
  - a. The LHD shall complete a **Monthly Financial Report** each month via the Smartsheet dashboard. These monthly financial reports will report on the prior month, with the due dates posted on the Smartsheet dashboard. The first financial report is to report for June 2022 and is due by July 22, 2022.

- b. The LHD shall complete a **Quarterly Program Report** each quarter via the Smartsheet dashboard. These quarterly program reports will report on the prior quarter, with the due dates posted on the Smartsheet dashboard and below. The Service Quarters for these quarterly program reports are defined as:

Quarter Months	Program Report Due Date
• April-June 2022	07/22/2022
<i>April and May 2022 data are from services provided under the Agreement Addendum for state fiscal year 2022.</i>	
• July-September 2022	10/31/2022
• October – December 2022	01/31/2023
• January – March 2023	04/28/2023

2. **Performance Measure #2:** The LHD will perform and document disease investigations in NC EDSS and reassign disease events to the State Disease Registrar within 30 days of notification of a reportable communicable disease or condition. Follow North Carolina Communicable Disease Manual Guidelines for NC EDSS documentation.

- a. **Reporting Requirements:** The LHD will run the General Communicable Disease Control (GCDC) and Vaccine-Preventable Disease (VPD) reports for the designated timeframes below and report via Smartsheet to DPH:

Reporting Timeframes	Due Dates
• Pre-pandemic	July 1, 2019 – February 29, 2020
• During pandemic pre-project	March 1, 2020 – March 31, 2022
<i>For reference, reporting for Agreement Addenda in future fiscal years will be as follows:</i>	
• End of year 1 of the project	April 1, 2022 – June 30, 2023
• End of year 2 of the project	July 1, 2023 – June 30, 2024
• Partial of year 3 of the project	July 1, 2024 – December 31, 2024

For each timeframe above, the following measures will be reported:

1. Mean First Report Interval (in days)
2. Mean Completed Report Interval (in days)
3. Percentage of reports which meet the 30-day first report goal of having a disease investigation documented and reported to DPH within 30-days of initial notification to the LHD.

The LHD will refer to the Human Immunodeficiency Virus and Sexually Transmitted Disease reports, found at <https://epi.dph.ncdhhs.gov/cd/stds/annualrpts.html>, to measure their performance of work within the timeframes listed above.

3. **Performance Measure #3:** Increasing the visibility of work the LHD within the community through Community Based Organizations (CBOs) and Nongovernmental Organizations (NGOs).
- a. **Reporting Requirements:** Provide at a minimum each quarter on the Performance Reporting Smartsheet dashboard, one example of educational resources, training agendas, fliers, CBO outreach services or other resources that have been disseminated by the LHD.
4. **Performance Measure #4:** Training new staff with knowledge in communicable disease, public health, and public health nursing.



- a. **Reporting Requirements:** Provide names, email addresses, and telephone numbers of nurses and dates that have completed the NC EDSS and NC COVID training to the Regional TATP Nurse Consultant by December 1, 2022, and upon request.
  - b. **Reporting Requirements:** Provide the names of nurses, their dates of hire into the communicable disease position, and dates they have completed the *Introduction to Communicable Disease Surveillance and Investigation in North Carolina* course or successfully passed the written challenge exam to the Regional TATP Nurse Consultant by December 1, 2022, and upon request.
5. **Performance Measure #5:** As an update to the information the LHD provided for FY22, this Response Plan Update Form is to provide information related to the LHD's COVID-19 preparedness and response. The Response Plan Update Form will present a series of questions to be answered in a short-answer format on topics including testing, contact tracing, vaccination, equity, and preparedness.
- a. **Reporting Requirements:** Complete a **FY23 COVID-19 Response Plan Update Form** via the Smartsheet dashboard no later than August 1, 2022. (DPH will add the FY23 COVID-19 Response Plan Update Form to the Smartsheet dashboard by July 1, 2022.)
- Submission of a single COVID-19 Response Plan Update will meet the reporting requirements described under this Agreement Addendum as well as for other COVID-related Activities.
- The LHD's COVID-19 Response Plan Update will receive DPH oversight from the DPH Program Contact for each relevant COVID-related Activity. Specific questions regarding individual topics in the Response Plan Update Form should be directed to those individuals. Any general questions the LHD has should be directed to the DPH Division Director's Office at [lhdhealthserviceta@dhhs.nc.gov](mailto:lhdhealthserviceta@dhhs.nc.gov).

**V. Performance Monitoring and Quality Assurance:**

1. Subrecipient monitoring, including financial and performance reporting, shall be conducted via the Smartsheet dashboard. This reporting will be provided by the LHD to DPH via the Smartsheet dashboard. DPH staff will assess reports daily and work with LHDs to provide technical assistance and feedback (as needed) to ensure all reporting is accurate and timely.
2. On a quarterly basis, approximately ten LHD subrecipients will be selected by an electronic randomizer to undergo a "desk audit" which entails the submission of all source documentation supporting their reported expenditures for a given month within the quarter. The affected subrecipients will be notified via email of their selection approximately two weeks after the end of the quarter under review. Selected LHDs will have 30 days to submit the requested expenditure documents. The Subrecipient Monitoring Team performs desk audits to ensure the expenditure information is accurate, complete and only includes allowable expenditures. The results are reported to the affected LHD Directors and, if corrective actions are required, they are outlined in the report with recommendations and a date by which to be completed.
3. The TATP Nurse Supervisor will review the Local Health Department's quarterly program performance through Smartsheet reporting completed by the LHD.
4. If the review results in compliance concerns, the TATP Nurse Supervisor shall conduct conference calls with the Local Health Department to provide technical assistance in order to rectify the concerns.

5. If the LHD is deemed out of compliance, program staff shall provide technical assistance to bring the LHD back into compliance with deliverables. If technical assistance does not prove beneficial, the CDB will issue a letter of non-compliance and the LHD may lose access to NC EDSS and NC COVID. Noncompliance with this agreement will result in a reduced capacity for the LHD to detect and control communicable disease in their community.

## **VI. Funding Guidelines or Restrictions:**

1. **Requirements for pass-through entities: In compliance with 2 CFR §200.331 – *Requirements for pass-through entities***, the Division of Public Health provides Federal Award Reporting Supplements to the Local Health Department receiving federally funded Agreement Addenda. These funds constitute federal financial assistance to the State of North Carolina, and therefore, use of these funds must be in accordance with applicable federal uniform guidance found in 2CFR 200. None of these requirements is waived.
  - a. Definition: A Supplement discloses the required elements of a single federal award. Supplements address elements of federal funding sources only; state funding elements will not be included in the Supplement. Agreement Addenda (AAs) funded by more than one federal award will receive a disclosure Supplement for each federal award.
  - b. Frequency: Supplements will be generated as the Division of Public Health receives information for federal grants. Supplements will be issued to the Local Health Department throughout the state fiscal year. For federally funded AAs, Supplements will accompany the original AA. If AAs are revised and if the revision affects federal funds, the AA Revisions will include Supplements. Supplements can also be sent to the Local Health Department even if no change is needed to the AA. In those instances, the Supplements will be sent to provide newly received federal grant information for funds already allocated in the existing AA.
  - c. At the time of this AA issuance, the NC Department of State Treasury has determined that the federal Uniform Guidance, Subpart D – *Subrecipient Monitoring and Management* does not apply to these funds. Therefore, no Supplement will accompany this AA.
2. **Requirements for use of funds: Must comply with NCAC Chapter 09, Subchapter 03M – *Uniform Administration of State Awards of Financial Assistance*.** [NCAC 09 03M](#)
3. **Requirements for cost principles: In compliance with 2 CFR §200.400 - §200.476 - *Subpart E Cost Principles***, such principles must be used in determining the allowable costs of work performed by the non-Federal entity under Federal awards.
4. **Requirements for use of funds: In compliance with 31 CFR §35.5 – *Use of funds*.**
  - a. A recipient may only use funds to cover costs incurred during the period beginning July 1, 2021 and ending December 31, 2024.
  - b. A cost shall be considered to have been incurred for purposes of paragraph (a) of this section if the recipient has incurred an obligation with respect to such cost by December 31, 2024.
  - c. A recipient must return any funds not obligated by December 31, 2024, and any funds not expended to cover such obligations by December 31, 2026.
5. **Requirements for use of funds: In compliance with NCGS 143C-6-23 – *Administrative code requirements***, recipients must comply with the following:
  - a. NCGS 143C-6-23 (b) Prior to disbursing funds a grantee must provide a copy of its conflict- of-interest policy for management employees and its governance body.

- b. NCGS 143C-6-23(c) The grantee must provide a written statement required under oath by the grantee's governing body that it has no overdue tax debts.
- 6. **Non-reverting Appropriation:** In compliance with *Session Law 2021-180 Section 4.9(k)*.
  - a. This as a non-reverting state appropriation over multiple fiscal years:
    - 1. Reversion. The funds appropriated in this act from the State Fiscal Recovery Fund shall not revert at the end of each fiscal year of the 2021-2023 fiscal biennium but shall remain available to expend until the date set by applicable federal law or guidance.
- 7. **Period of Retention:** Administering Agencies and subrecipients are required to maintain records for at least five years after the completion of the last project across the entire set of SFRF projects funded by the SFRF Award. Therefore, Administering Agencies and subrecipients should seek specific written authorization from OSBM/NCPRO for destruction of any records prior to five years after all funds have been expended or returned to Treasury.

DPH-Aid-To-Counties

For Fiscal Year: 22/23

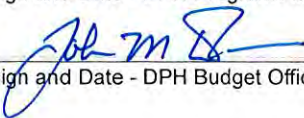
Budgetary Estimate Number : 0

Activity 546	AA	2SF1 249N TT	Total Allocated	2SF1 249N TT	Total Allocated	2SF1 249N TT	Total Allocated	Proposed Total	New Total
Service Period		06/01-05/31		06/01-05/31		07/01-05/31			
Payment Period		07/01-06/30		07/01-06/30		08/01-06/30			
01 Alamance	* 0	234,937	\$0.00	234,937	\$0.00	0	\$0.00	469,874	469,874
D1 Albemarle	* 0	856,172	\$0.00	765,988	\$0.00	0	\$0.00	1,622,160	1,622,160
02 Alexander	* 0	122,567	\$0.00	122,567	\$0.00	0	\$0.00	245,134	245,134
04 Anson	* 0	110,058	\$0.00	110,058	\$0.00	0	\$0.00	220,116	220,116
D2 Appalachian	* 0	351,472	\$0.00	344,018	\$0.00	0	\$0.00	695,490	695,490
07 Beaufort	* 0	129,866	\$0.00	81,341	\$0.00	0	\$0.00	211,207	211,207
09 Bladen	* 0	118,924	\$0.00	118,924	\$0.00	0	\$0.00	237,848	237,848
10 Brunswick	* 0	217,408	\$0.00	217,408	\$0.00	0	\$0.00	434,816	434,816
11 Buncombe	* 0	314,057	\$0.00	307,151	\$0.00	0	\$0.00	621,208	621,208
12 Burke	* 0	167,293	\$0.00	167,293	\$0.00	0	\$0.00	334,586	334,586
13 Cabarrus	* 0	275,620	\$0.00	275,620	\$0.00	0	\$0.00	551,240	551,240
14 Caldwell	* 0	161,360	\$0.00	161,360	\$0.00	0	\$0.00	322,720	322,720
16 Carteret	* 0	150,404	\$0.00	150,404	\$0.00	0	\$0.00	300,808	300,808
17 Caswell	* 0	109,734	\$0.00	109,734	\$0.00	0	\$0.00	219,468	219,468
18 Catawba	* 0	226,241	\$0.00	214,156	\$0.00	0	\$0.00	440,397	440,397
19 Chatham	* 0	156,030	\$0.00	155,382	\$0.00	0	\$0.00	311,412	311,412
20 Cherokee	* 0	115,111	\$0.00	36,142	\$0.00	0	\$0.00	151,253	151,253
22 Clay	* 0	99,992	\$0.00	99,992	\$0.00	0	\$0.00	199,984	199,984
23 Cleveland	* 0	175,395	\$0.00	175,395	\$0.00	0	\$0.00	350,790	350,790
24 Columbus	* 0	136,947	\$0.00	136,947	\$0.00	0	\$0.00	273,894	273,894
25 Craven	* 0	176,687	\$0.00	176,687	\$0.00	0	\$0.00	353,374	353,374
26 Cumberland	* 0	371,451	\$0.00	371,451	\$0.00	0	\$0.00	742,902	742,902
28 Dare	* 0	122,357	\$0.00	122,357	\$0.00	0	\$0.00	244,714	244,714
29 Davidson	* 0	234,401	\$0.00	226,962	\$0.00	0	\$0.00	461,363	461,363
30 Davie	* 0	127,288	\$0.00	108,013	\$0.00	0	\$0.00	235,301	235,301
31 Duplin	* 0	140,786	\$0.00	140,786	\$0.00	0	\$0.00	281,572	281,572
32 Durham	* 0	364,074	\$0.00	364,074	\$0.00	0	\$0.00	728,148	728,148
33 Edgecombe	* 0	133,464	\$0.00	126,091	\$0.00	0	\$0.00	259,555	259,555
D7 Foothills	* 0	277,664	\$0.00	138,624	\$0.00	0	\$0.00	416,288	416,288
34 Forsyth	* 0	412,881	\$0.00	412,881	\$0.00	0	\$0.00	825,762	825,762
35 Franklin	* 0	150,822	\$0.00	150,822	\$0.00	0	\$0.00	301,644	301,644
36 Gaston	* 0	279,764	\$0.00	279,764	\$0.00	0	\$0.00	559,528	559,528
38 Graham	* 0	97,249	\$0.00	97,249	\$0.00	0	\$0.00	194,498	194,498
D3 Gran-Vance	* 0	270,655	\$0.00	257,387	\$0.00	0	\$0.00	528,042	528,042
40 Greene	* 0	107,626	\$0.00	107,626	\$0.00	0	\$0.00	215,252	215,252
41 Guilford	* 0	545,535	\$0.00	545,535	\$0.00	0	\$0.00	1,091,070	1,091,070
42 Halifax	* 0	132,546	\$0.00	104,774	\$0.00	0	\$0.00	237,320	237,320
43 Harnett	* 0	206,562	\$0.00	206,562	\$0.00	0	\$0.00	413,124	413,124
44 Haywood	* 0	143,776	\$0.00	143,776	\$0.00	0	\$0.00	287,552	287,552
45 Henderson	* 0	190,747	\$0.00	190,747	\$0.00	0	\$0.00	381,494	381,494
47 Hoke	* 0	136,336	\$0.00	133,383	\$0.00	0	\$0.00	269,719	269,719
48 Hyde	* 0	94,289	\$0.00	83,888	\$0.00	0	\$0.00	178,177	178,177
49 Iredell	* 0	246,219	\$0.00	246,219	\$0.00	0	\$0.00	492,438	492,438
50 Jackson	* 0	127,636	\$0.00	127,636	\$0.00	0	\$0.00	255,272	255,272
51 Johnston	* 0	272,952	\$0.00	270,816	\$0.00	0	\$0.00	543,768	543,768

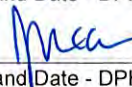


52 Jones	* 0	98,470	\$0.00	93,350	\$0.00	0	\$0.00	191,820	191,820
53 Lee	* 0	142,250	\$0.00	142,250	\$0.00	0	\$0.00	284,500	284,500
54 Lenoir	* 0	137,794	\$0.00	137,794	\$0.00	0	\$0.00	275,588	275,588
55 Lincoln	* 0	166,033	\$0.00	166,033	\$0.00	0	\$0.00	332,066	332,066
56 Macon	* 0	121,574	\$0.00	121,574	\$0.00	0	\$0.00	243,148	243,148
57 Madison	* 0	109,046	\$0.00	109,046	\$0.00	0	\$0.00	218,092	218,092
D4 M-T-W	* 0	302,402	\$0.00	0	\$0.00	0	\$0.00	302,402	302,402
60 Mecklenburg	* 0	1,051,020	\$0.00	1,051,020	\$0.00	0	\$0.00	2,102,040	2,102,040
62 Montgomery	* 0	113,383	\$0.00	113,383	\$0.00	0	\$0.00	226,766	226,766
63 Moore	* 0	177,925	\$0.00	177,925	\$0.00	0	\$0.00	355,850	355,850
64 Nash	* 0	171,826	\$0.00	171,826	\$0.00	0	\$0.00	343,652	343,652
65 New Hanover	* 0	290,496	\$0.00	290,496	\$0.00	0	\$0.00	580,992	580,992
66 Northampton	* 0	106,648	\$0.00	106,648	\$0.00	0	\$0.00	213,296	213,296
67 Onslow	* 0	268,908	\$0.00	268,908	\$0.00	0	\$0.00	537,816	537,816
68 Orange	* 0	215,667	\$0.00	215,667	\$0.00	0	\$0.00	431,334	431,334
69 Pamlico	* 0	101,179	\$0.00	101,179	\$0.00	0	\$0.00	202,358	202,358
71 Pender	* 0	144,483	\$0.00	144,483	\$0.00	0	\$0.00	288,966	288,966
73 Person	* 0	124,155	\$0.00	124,155	\$0.00	0	\$0.00	248,310	248,310
74 Pitt	* 0	246,077	\$0.00	246,077	\$0.00	0	\$0.00	492,154	492,154
75 Polk	* 0	108,576	\$0.00	108,576	\$0.00	0	\$0.00	217,152	217,152
76 Randolph	* 0	212,840	\$0.00	212,840	\$0.00	0	\$0.00	425,680	425,680
77 Richmond	* 0	127,809	\$0.00	127,809	\$0.00	0	\$0.00	255,618	255,618
78 Robeson	* 0	200,371	\$0.00	190,427	\$0.00	0	\$0.00	390,798	390,798
79 Rockingham	* 0	167,374	\$0.00	154,307	\$0.00	0	\$0.00	321,681	321,681
80 Rowan	* 0	210,663	\$0.00	210,663	\$0.00	0	\$0.00	421,326	421,326
82 Sampson	* 0	143,959	\$0.00	143,959	\$0.00	0	\$0.00	287,918	287,918
83 Scotland	* 0	120,063	\$0.00	120,063	\$0.00	0	\$0.00	240,126	240,126
84 Stanly	* 0	144,750	\$0.00	144,750	\$0.00	0	\$0.00	289,500	289,500
85 Stokes	* 0	129,325	\$0.00	129,325	\$0.00	0	\$0.00	258,650	258,650
86 Surry	* 0	151,972	\$0.00	151,972	\$0.00	0	\$0.00	303,944	303,944
87 Swain	* 0	102,216	\$0.00	102,216	\$0.00	0	\$0.00	204,432	204,432
D6 Toe River	* 0	199,521	\$0.00	199,521	\$0.00	0	\$0.00	399,042	399,042
88 Transylvania	* 0	120,101	\$0.00	120,101	\$0.00	0	\$0.00	240,202	240,202
90 Union	* 0	293,982	\$0.00	293,982	\$0.00	0	\$0.00	587,964	587,964
92 Wake	* 0	1,033,641	\$0.00	1,033,641	\$0.00	0	\$0.00	2,067,282	2,067,282
93 Warren	* 0	106,501	\$0.00	106,501	\$0.00	0	\$0.00	213,002	213,002
96 Wayne	* 0	196,726	\$0.00	196,726	\$0.00	0	\$0.00	393,452	393,452
97 Wilkes	* 0	149,336	\$0.00	149,336	\$0.00	0	\$0.00	298,672	298,672
98 Wilson	* 0	160,838	\$0.00	160,838	\$0.00	0	\$0.00	321,676	321,676
99 Yadkin	* 0	122,119	\$0.00	122,119	\$0.00	0	\$0.00	244,238	244,238
00 Yancey	* 0	0	\$0.00	0	\$0.00	229,252	\$0.00	229,252	229,252
Totals		17,885,374	0	17,080,413	0	229,252	0	35,195,039	35,195,039

Sign and Date - DPH Program Administrator

 6-27-22

Sign and Date - DPH Section Chief

 06-27-22

Sign and Date - DPH Budget Office – ATC Coordinator

Sign and Date - DPH Budget Officer

**Agenda Item: VIII.E.**  
**Meeting Date: August 2, 2022**

**MEMORANDUM TO THE MOORE COUNTY BOARD OF COMMISSIONERS:**

**FROM:** Moore County Health Department

**DATE:** July 25, 2022

**SUBJECT:** FY 23 Activity 543 ELC Enhancing Detection Activities

**REQUEST:** That the Moore County Board of Commissioners approve the Moore County Health Department's request to accept funding in the amount of \$402,843 as per the FY23 Activity 543 ELC Enhancing Detection Activities Agreement Addendum and to grant Interim Health Director, Matthew Garner, signatory authority for the agreement.

**BACKGROUND:** As part of the "Paycheck Protection Program and Health Care Enhancement Act of 2020 (P.L. 116-139, Title I)", Epidemiology and Laboratory Capacity (ELC) funding has awarded a total of \$10.25 billion dollars to their recipient base in a program-initiated component funding under the Emerging Issues (E) Project of CK19-1904, henceforth, "ELC Enhancing Detection" supplement.

These funds are broadly intended to provide critical resources to state, local, and territorial health departments in support of a broad range of COVID-19/SARS-CoV-2 testing and epidemiologic surveillance related activities. Direct recipients are limited to existing jurisdictions covered under CK19-19041. The Division of Public Health (DPH), Communicable Disease Branch (CDB), is continuing allocation of these "Enhancing Detection" funds to all local health departments.

This Activity provides complementary funding to the Local Health Department in order for it to leverage and build upon existing ELC infrastructure that emphasizes the coordination and critical integration of laboratory with epidemiology and health information systems, thus maximizing the public health impact of available resources. These additional resources, by law, are intended to "prevent, prepare for, and respond to coronavirus" by supporting testing, case investigation and contact tracing, surveillance, containment, and mitigation. Such activities may include support for workforce, epidemiology, use by employers, elementary and secondary schools, child care facilities, institutions of higher education, long-term care facilities, or in other settings, scale up of testing by public health, academic, commercial, and hospital laboratories, and community-based testing sites, mobile testing units, health care facilities, and other entities engaged in COVID-19 testing, and other activities related to COVID-19 testing, case investigation and contact tracing, surveillance, containment, and mitigation (including interstate compacts or other mutual aid agreements for such purposes).

**FINANCIAL IMPACT:** No local funds are required.

**IMPLEMENTATION PLAN:** Upon approval by the Moore County Board of Commissioners, the Health Director will take all necessary steps to execute the FY23 Activity 543 agreement addendum.

**RECOMMENDATION SUMMARY:** That the Moore County Board of Commissioners approve the Moore County Health Department's request to accept funding in the amount of \$402,843 as per the FY23 WIC Activity 543 ELC Enhancing Detection Activities Agreement Addendum and to grant Interim Health Director, Matthew Garner, signatory authority for the agreement.

**ATTACHMENTS:** FY23 Activity 543 ELC Enhancing Detection Activities Agreement Addendum

# Division of Public Health

## Agreement Addendum

### FY 22-23

Page 1 of 8

Moore County Health Department  
**Local Health Department Legal Name**

543 ELC Enhancing Detection Activities  
**Activity Number and Description**

06/01/2022 – 05/31/2023  
**Service Period**

07/01/2022 – 06/30/2023  
**Payment Period**

☒ Original Agreement Addendum  
☐ Agreement Addendum Revision # \_\_\_\_

Epidemiology / Communicable Disease Branch  
**DPH Section / Branch Name**

Vanessa M. Gailor 919-546-1658  
vanessa.greene@dhhs.nc.gov

**DPH Program Contact**  
(name, phone number, and email)

**DPH Program Signature** **Date**  
(only required for a negotiable Agreement Addendum)

#### I. **Background:**

The primary mission of the Communicable Disease Branch (CDB) is to reduce morbidity and mortality resulting from communicable diseases that are a significant threat to the public through detection, investigation, testing, treatment, tracking, control, education, and care activities to improve the health of people in North Carolina.

As part of the “Paycheck Protection Program and Health Care Enhancement Act of 2020 (P.L. 116-139, Title I)”, the ELC has awarded a total of \$10.25 billion dollars to their recipient base in a program-initiated component funding under the Emerging Issues (E) Project of CK19-1904, henceforth, “ELC Enhancing Detection” supplement. These funds are broadly intended to provide critical resources to state, local, and territorial health departments in support of a broad range of COVID-19/SARS-CoV-2 testing and epidemiologic surveillance related activities. Direct recipients are limited to existing jurisdictions covered under CK19-19041. Ongoing monitoring of milestones and performance measures will be utilized to gauge progress toward successful completion of priority activities supported with these funds.

The Division of Public Health (DPH), Communicable Disease Branch (CDB), is continuing allocation of these “Enhancing Detection” funds to all local health departments.

#### II. **Purpose:**

This Activity provides complementary funding to the Local Health Department in order for it to leverage and build upon existing ELC infrastructure that emphasizes the coordination and critical integration of laboratory with epidemiology and health information systems, thus maximizing the public

Health Director Signature (use blue ink or verifiable digital signature)

Date

LHD to complete: LHD program contact name: \_\_\_\_\_  
[For DPH to contact in case follow-up information is needed.] Phone and email address: \_\_\_\_\_

**Signature on this page signifies you have read and accepted all pages of this document.** Template rev. August 2021



health impact of available resources. These additional resources, by law, are intended to “prevent, prepare for, and respond to coronavirus” by supporting testing, case investigation and contact tracing, surveillance, containment, and mitigation. Such activities may include support for workforce, epidemiology, use by employers, elementary and secondary schools, child care facilities, institutions of higher education, long-term care facilities, or in other settings, scale up of testing by public health, academic, commercial, and hospital laboratories, and community-based testing sites, mobile testing units, health care facilities, and other entities engaged in COVID–19 testing, and other activities related to COVID–19 testing, case investigation and contact tracing, surveillance, containment, and mitigation (including interstate compacts or other mutual aid agreements for such purposes).

### **III. Scope of Work and Deliverables:**

**All of the activities the Local Health Department performs under this Agreement Addendum shall be informed by the NC DHHS COVID-19 Guidance for Health Care Providers and local health departments.<sup>1</sup>**

For **each of the six activities** listed below (Paragraphs 1 through 6), the Local Health Department (LHD) shall identify and address **one or more** of the allowable activities listed, with an emphasis on testing and tracing:

#### **1. Enhance Laboratory, Surveillance, Informatics and other Workforce Capacity**

- a. Build expertise for healthcare and community outbreak response and infection prevention and control (IPC) among local health departments.
- b. Train and hire staff to improve the capacities of the epidemiology and informatics workforce to effectively conduct surveillance and response of COVID-19 (including contact tracing) and other conditions of public health significance.
- c. Build expertise to support management of the COVID-19 related activities within the jurisdiction (e.g., additional leadership, program and project managers, budget staff).
- d. Increase capacity for timely data management, analysis, and reporting for COVID-19 and other conditions of public health significance.

#### **2. Strengthen Community Laboratory Testing**

- a. Establish or expand capacity to quickly, accurately and safely test for SARS-CoV-2 among all symptomatic individuals, and secondarily expand capacity to achieve community-based surveillance, including testing of asymptomatic individuals.
  1. Strengthen ability to quickly scale testing as necessary to ensure that optimal utilization of existing and new testing platforms can be supported to help meet increases in testing demand in a timely manner.
  2. Build local capacity for testing of SARS-CoV-2 including within high-risk settings or in vulnerable populations that reside in their communities.
- b. Enhance laboratory testing capacity for SARS-CoV-2 outside of public health laboratories.
  1. Establish or expand capacity to coordinate with public/private laboratory testing providers, including those that assist with surge and with testing for high-risk environments.

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<sup>1</sup> <https://www.ncdhhs.gov/divisions/public-health/covid19/covid-19-guidance#all-guidance-for-health-care-providers-and-local-health-departments>

2. Secure and/or utilize mobile laboratory units, or other methods to provide point-of-care (POC) testing at public health-led clinics or non-traditional test sites (e.g., homeless shelters, food processing plants, prisons, Long Term Care Facilities [LTCFs]).
- c. Enhance data management and analytic capacity in public health laboratories to help improve efficiencies in operations, management, testing, and data sharing.
  1. Improve efficiencies in laboratory operations and management using data from throughput, staffing, billing, supplies, and orders.
  2. Improve the capacity to analyze laboratory data to help understand and make informed decisions about issues such as gaps in testing and community mitigation efforts. Data elements such as tests ordered and completed (including by device/platform), rates of positivity, source of samples, type will be used to create data visualizations that will be shared with the public, state health department, and community partners.

### **3. Advance Electronic Data Exchange at Public Health Labs**

- a. Enhance and expand laboratory information infrastructure, to improve jurisdictional visibility on laboratory data (tests performed) from all testing sites and enable faster and more complete data exchange and reporting.
  1. Enhance laboratory test ordering and reporting capability.
    - a. 100% of results must be reported with key demographic variables including age/gender/race via NCCOVID.
    - b. Report all testing to the state health department using NCCOVID.

### **4. Improve Surveillance and Reporting of Electronic Health Data**

- a. Use NCCOVID to ensure complete, up-to-date, automated reporting of morbidity and mortality to NC DPH of COVID-19 and other conditions of public health significance by:
  1. Establishing or enhancing community-based surveillance, including surveillance of vulnerable populations, individuals without severe illness, those with recent travel to high-risk locations, or who are contacts to known cases.
  2. Monitoring changes to daily incidence rates of COVID-19 and other conditions of public health significance at the county or zip code level to inform community mitigation strategies.
- b. Establish complete, up-to-date, timely, automated reporting of individual-level data through electronic case reporting to NC DPH via NCCOVID
  1. At the health department, enhance capacity to work with testing facilities to onboard and improve electronic laboratory reporting (ELR), including to receive data from new or non-traditional testing settings. Use alternative data flows and file formats (e.g., CSV or XLS) to help automate where appropriate. In addition to other reportable results, this should include all COVID-19/SARS-CoV-2-related testing data (i.e., tests to detect SARS-CoV-2 including serology testing).
  2. Assist NC DPH in the process of automating the receiving of electronic health record (EHR) data, including electronic case reporting (eCR) and fast healthcare interoperability resources (FHIR)-based eCR to generate initial case reports as specified by NC DPH for the reportable disease within 24 hours and to update over time within 24 hours of a change in information contained in the CDC-directed case report, including death.
  3. Utilize eCR data to ensure data completeness, establish comprehensive morbidity and mortality surveillance, and help monitor the health of the community and inform decisions for the delivery of public health services.

- c. Improve understanding of capacity, resources, and patient impact at healthcare facilities through electronic reporting.
  - 1. Assist NC DPH with required expansion of reporting facility capacity, resources, and patient impact information, such as patients admitted and hospitalized, in an electronic, machine-readable, as well as human-readable visual, and tabular manner, to achieve 100% coverage in jurisdiction and include daily data from all acute care, long-term care, and ambulatory care settings. Use these data to monitor facilities with confirmed cases of COVID-19/SARS-CoV-2 infection or with COVID-like illness among staff or residents and facilities at high risk of acquiring COVID-19/SARS-CoV-2 cases and COVID-like illness among staff or residents.
- d. Enhance systems for flexible data collection, reporting, analysis, and visualization.
  - 1. Make data on case, syndromic, laboratory tests, hospitalization, and healthcare capacity available on health department websites at the county/zip code level in a visual and tabular manner.
- e. Establish or improve systems to ensure complete, accurate and immediate (within 24 hours) data transmission to NCCCOVID and open website available to the public by county and zip code, that allows for automated transmission of data to NC DPH via NCCCOVID.
  - 1. Track via NC DETECT 100% of emergency department and outpatient visits for COVID-like illness, as well as other syndromes/illnesses, to CDC.
  - 2. Submit all case reports in an immediate, automated way to CDC for COVID-19/SARS-CoV-2 and other conditions of public health significance with associated required data fields via NCCCOVID.
  - 3. Provide accurate accounting of COVID-19/SARS-CoV-2 associated deaths. Establish electronic, automated, immediate death reporting to CDC with associated required data fields via NCCCOVID.
  - 4. Report requested COVID-19/SARS-CoV-2-related data, including line level testing data (negatives, positives, indeterminants, serology, antigen, nucleic acid) daily by county or zip code to NCCCOVID.
  - 5. Establish these systems in such a manner that they may be used on an ongoing basis for surveillance of, and reporting on, other threats to the public health and conditions of public health significance.
- f. Integrate existing LHD electronic health records (EHR) into CVMS Direct.
 

CVMS is the COVID-19 Vaccine Management System; CVMS Direct is an integration solution offering for Providers to connect COVID-19 vaccination records with CVMS. Providers submit a standardized flat file from their Electronic Health Records (EHRs) that pass through the Health Information Exchange (HIE) and are loaded directly to CVMS. This NC COVID-19 Vaccine Reporting file (NCVR) contains patient information that complies with today's CVMS workflow across patient registration and vaccination recording, along with appropriate inventory reduction. Before the LHD can use the CVMS Direct integration solution, the LHD will need to finalize legal agreements with the HIE, establish connectivity, complete file validations, and pass testing criteria before they can use the CVMS Direct integration. The North Carolina Health Information Exchange Authority (NC HIEA) is responsible for CVMS Direct. Any local health department interested in using CVMS Direct will need to contact NC HIEA at [hiea@nc.gov](mailto:hiea@nc.gov).

## **5. Use Laboratory Data to Enhance Investigation, Response and Prevention**

- a. Use laboratory data to initiate case investigations, conduct contact tracing and follow-up, and implement containment measures.

1. Conduct necessary contact tracing including contact elicitation/identification, contact notification, and contact follow-up. Activities could include traditional contact tracing and/or proximity/location-based methods, as well as methods adapted for healthcare-specific and congregate settings.
2. Utilize tools (e.g., geographic information systems and methods) that assist in the rapid mapping and tracking of disease cases for timely and effective epidemic monitoring and response, incorporating laboratory testing results and other data sources.
3. Identify cases and exposure to COVID-19 in high-risk settings or within vulnerable populations to target mitigation strategies.
  - a. Assess and monitor infections in healthcare workers across the healthcare spectrum.
  - b. Monitor cases and exposure to COVID-19 to identify need for targeted mitigation strategies to isolate and prevent further spread within high-risk healthcare facilities (e.g., hospitals, dialysis clinics, cancer clinics, nursing homes, and other LTCFs).
  - c. Monitor cases and exposure to COVID-19 to identify need for targeted mitigation strategies to isolate and prevent further spread within high-risk employment settings (e.g., meat processing facilities), congregate living settings (e.g., prisons, youth homes, shelters), and educational settings (e.g., K-12 schools, colleges and universities).
  - d. Work with NC DPH to build local capacity for reporting, rapid containment and prevention of COVID-19/SARS-CoV-2 within high-risk settings or in vulnerable populations that reside in their communities.
- b. Implement prevention strategies in high-risk settings or within vulnerable populations (including tribal nations) including proactive monitoring for asymptomatic case detection and increasing opportunities for vaccination of historically marginalized populations and the community. Continue working collaboratively with partners including consideration of funding to address health equity needs of the community. Examples of partners may include but are not limited to:
  1. Tribal affiliates and community-based organizations colleges and universities;
  2. Occupational health settings for large employers;
  3. Churches or religious or faith-based institutions;
  4. Federally Qualified Health Centers (FQHCs), including Community Health Centers (CHCs);
  5. Pharmacies;
  6. Long-term care facilities (LTCFs), including independent living facilities, assisted living centers, and nursing homes;
  7. Organizations and businesses that employ critical workforce;
  8. First responder organizations;
  9. Non-traditional providers and locations that serve high-risk populations; and other partners that serve underserved populations.
- c. Build capacity for infection prevention and control in LTCFs (e.g., at least one Infection Preventionist [IP] for every facility) and outpatient settings.
  1. Build capacity to safely house and isolate infected and exposed residents of LTCFs and other congregate settings.
  2. Develop interoperable patient safety information exchange systems.



- d. Assist with enrollment of all LTCFs into NHSN.
- e. Increase Infection Prevention and Control (IPC) assessment capacity onsite using tele-ICAR.
- f. Perform preparedness assessment to ensure interventions are in place to protect high-risk populations.
  - 1. Coordinate as appropriate with federally funded entities responsible for providing health services to vulnerable populations (e.g., tribal nations and federally qualified health centers).

## 6. Coordinate and Engage with Partners

- a. Partner with NC DPH to establish or enhance testing for COVID-19/SARS-CoV-2.
  - 1. Acquire equipment and staffing to conduct testing for COVID-19/SARS-CoV-2.
  - 2. Support community partners to conduct appropriate specimen collection and/or testing within their jurisdictions.
- b. Partner with local, regional, or national organizations or academic institutions to enhance capacity for infection control and prevention of COVID-19/SARS-CoV-2.
  - 1. Build infection prevention and control and healthcare outbreak response expertise in the LHD.
  - 2. Partner with academic medical centers and schools of public health to develop regional centers for IPC consultation and support services.

## IV. Performance Measures/Reporting Requirements:

The reporting below shall be provided by the LHD to DPH via the Smartsheet dashboard, which can be accessed at <https://app.smartsheet.com/b/publish?EQBCT=8716e48245fe46559be725a9d628d031>.

1. **Performance Measure #1:** The LHD shall complete both monthly financial reporting and quarterly performance reporting, as outlined below, via Smartsheet.
  - a. The LHD shall complete a **Monthly Financial Report** each month via the Smartsheet dashboard. These monthly financial reports will report on the prior month, with the due dates posted on the Smartsheet dashboard. The first financial report is to report for June 2022 and is due by July 22, 2022.
  - b. The LHD shall complete a **Quarterly Program Report** each quarter via the Smartsheet dashboard. These quarterly program reports will report on the prior quarter, with the due dates posted on the Smartsheet dashboard and below. The Service Quarters for these quarterly program reports are defined as:

Quarter Months	Program Report Due Date
<ul style="list-style-type: none"> <li>• April-June 2022</li> </ul>	07/22/2022
<i>April and May 2022 data are from services provided under the Agreement Addendum for state fiscal year 2022.</i>	
<ul style="list-style-type: none"> <li>• July-September 2022</li> </ul>	10/31/2022
<ul style="list-style-type: none"> <li>• October – December 2022</li> </ul>	01/31/2023
<ul style="list-style-type: none"> <li>• January – March 2023</li> </ul>	04/28/2023

2. **Performance Measure # 2:** The LHD shall have a COVID-19 Testing Plan to ensure access to COVID-19 testing for all symptomatic persons and for those who have had close contact to a known or suspected case of COVID-19 as defined by the CDC, and for those who request or require testing.

3. **Performance Measure # 3:** Via the NCCCOVID, the LHD shall report cases of COVID-19 including deaths within 30 days of receipt of the report to the state disease registrar.
4. **Performance Measure # 4:** Via the outbreak module within NCCCOVID and the REDCap cluster/outbreak reporting tool, the LHD shall report COVID-19 activity (decline, no change, and increase) in high-risk healthcare facilities (e.g., nursing homes, dialysis centers, LTCFs) and congregate living settings (e.g., prisons, youth homes, shelters) within 2 days of receiving notification of an outbreak/cluster.
5. **Performance Measure #5:** Using the COVID-19 Community Team Outreach (CCTO) Tool software, the LHD shall report close contacts to COVID-19 for at least 50% of people infected with COVID-19.
6. **Performance Measure #6:** Using the COVID-19 Community Team Outreach (CCTO) Tool software, the LHD shall complete the Final Monitoring Outcome variable for 90% of contacts entered after 14 days.
7. **Performance Measure #5:** As an update to the information the LHD provided for FY22, this FY23 Response Plan Update Form is to provide information related to the LHD's COVID-19 preparedness and response. The Response Plan Update Form will present a series of questions to be answered in a short-answer format on topics including testing, contact tracing, vaccination, equity, and preparedness.
  - a. **Reporting Requirements:** Complete a **FY23 COVID-19 Response Plan Update Form** via the Smartsheet dashboard no later than August 1, 2022. (DPH will add the FY23 COVID-19 Response Plan Update Form to the Smartsheet dashboard by July 1, 2022.)  
  
Submission of a single COVID-19 Response Plan Update will meet the reporting requirements described under this Agreement Addendum as well as for other COVID-related Activities.  
  
The LHD's COVID-19 Response Plan Update will receive DPH oversight from the DPH Program Contact for each relevant COVID-related Activity. Specific questions regarding individual topics in the Response Plan Update Form should be directed to those individuals. Any general questions the LHD has should be directed to the DPH Division Director's Office at [lhhealthserviceta@dhhs.nc.gov](mailto:lhhealthserviceta@dhhs.nc.gov).

**V. Performance Monitoring and Quality Assurance:**

The Communicable Disease Branch's Subrecipient Monitoring (SRM) Team, which includes the TATP Nurse Supervisor, will review all Smartsheet submissions. Any responses that meet the internally determined threshold for risk-based issues will be flagged by the SRM Team and followed up on with the LHD for resolution.

**VI. Funding Guidelines or Restrictions:**

1. Requirements for pass-through entities: In compliance with 2 CFR §200.331 – *Requirements for pass-through entities*, the Division of Public Health provides Federal Award Reporting Supplements to the Local Health Department receiving federally funded Agreement Addenda.
  - a. Definition: A Supplement discloses the required elements of a single federal award. Supplements address elements of federal funding sources only; state funding elements will not be included in the Supplement. Agreement Addenda (AAs) funded by more than one federal award will receive a disclosure Supplement for each federal award.
  - b. Frequency: Supplements will be generated as the Division of Public Health receives information for federal grants. Supplements will be issued to the Local Health Department throughout the

state fiscal year. For federally funded AAs, Supplements will accompany the original AA. If AAs are revised and if the revision affects federal funds, the AA Revisions will include Supplements. Supplements can also be sent to the Local Health Department even if no change is needed to the AA. In those instances, the Supplements will be sent to provide newly received federal grant information for funds already allocated in the existing AA.

<b>FY23 - FAS</b>	Activity Nbr + Name:	<b>543</b>	<b>ELC Enhancing Detection Activities</b>	
federal award supplement	FAS Nbr + Reason:	<b>1</b>	This FAS is accompanying an AA+BE or an AA Revision+BE Revision.	
	CFDA Nbr + Name:	<b>93.323</b>	Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	
IDC rate: n/a	FAIN:	<b>NU50CK000530 (01-04)</b>	Is award R&D?: <b>no</b>	Fed awd's total amt: \$ <b>188,951,581</b>
Fed award project description:	CK19-1904 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)			
Fed awd date + awarding agency:	05-19-20 HHS, Centers for Disease Control and Prevention			

Subrecipient	Subrecipient UEI	Subrecipient DUNS	Federal funds from grant listed above	Total federal funds for entire Activity
Alamance	MBM7W225N3W8	965194483	\$ -	\$ 417,872
Albemarle	WAAVS51PNMK3	130537822	\$ 1,126	\$ 1,126
Alexander	XVEEJSNY7UX9	030495105	\$ -	\$ 158,607
Anson	PK8UYTSNJCC3	847163029		
Appalachian	CD7BFHB8W539	780131541		
Beaufort	RN1SXF4LXN6	091567776	\$ -	\$ 95,453
Bladen	TLCTJWDJH1H9	084171628	\$ 63,011	\$ 282,006
Brunswick	MJBMXLN9NJT5	091571349	\$ -	\$ 496,113
Buncombe	W5TCDKMLHE69	879203560	\$ -	\$ 1,233,156
Burke	G855APCNL591	883321205	\$ -	\$ 695,226
Cabarrus	RXDXNEJKJFU7	143408289	\$ -	\$ 766,210
Caldwell	HL4FGNJNGE97	948113402	\$ -	\$ 493,038
Carteret	UC6WJ2MQMJS8	058735804	\$ -	\$ 147,629
Caswell	JDJ7Y7CGYC86	077846053	\$ -	\$ 18,437
Catawba	GYUNA9W1NFM1	083677138	\$ -	\$ 112,410
Chatham	KE57QE2GV5F1	131356607	\$ -	\$ 545,520
Cherokee	DCEGK6HA11M5	130705072		
Clay	HYKLQVNWLXK7	145058231	\$ -	\$ 17,232
Cleveland	UWMUYPVL483	879924850	\$ -	\$ 239,156
Columbus	V1UAJ4L87WQ7	040040016	\$ -	\$ 392,675
Craven	LTZ2U8LZQ214	091564294	\$ -	\$ 503,113
Cumberland	HALND8WJ3GW4	123914376	\$ -	\$ 1,976,756
Dare	ELV6JGB11QK6	082358631		
Davidson	C9P5MDJC7KY7	077839744	\$ -	\$ 1,065,576
Davie	L8WBGLHZV239	076526651	\$ -	\$ 271,372
Duplin	KZN4GK5262K3	095124798	\$ 485,915	\$ 648,084
Durham	LJ5BA6U2HLM7	088564075	\$ -	\$ 1,433,151
Edgecombe	MAN4LX44AD17	093125375	\$ -	\$ 352,464
Foothills	NGTEF2MQ8LL4	782359004	\$ -	\$ 116,135
Forsyth	V6BGVQ67YPY5	105316439	\$ -	\$ 2,974,251
Franklin	FFKTRQCNN143	084168632	\$ -	\$ 438,712
Gaston	QKY9R8A8D5J6	071062186	\$ 136,759	\$ 1,935,032
Graham	L8MAVKQJTYN7	020952383		
Granville-Vance	MGQJJK22EJB3	063347626	\$ -	\$ 252,153
Greene	VCU5LD71N9U3	091564591	\$ 13,436	\$ 152,113
Guilford	YBEQWGFJPMJ3	071563613	\$ -	\$ 2,368,666
Halifax	MRL8MYNJ3Y5	014305957	\$ -	\$ 374,559
Harnett	JBD9D9V41BX7	091565986	\$ 11,713	\$ 1,100,757
Haywood	DQHZEVAV95G5	070620232	\$ -	\$ 282,725
Henderson	TG5AR81JLFQ5	085021470	\$ -	\$ 192,003
Hoke	C1GWSADARX51	091563643	\$ -	\$ 275,448
Hyde	T2RSYN36NN64	832526243	\$ 7,911	\$ 7,911
Iredell	XTNRLKJLA4S9	074504507	\$ 117,875	\$ 1,548,007



**FY23 - FAS** Activity Nbr + Name: **543** **ELC Enhancing Detection Activities**  
federal award FAS Nbr + Reason: **1** This FAS is accompanying an AA+BE or an AA Revision+BE Revision.  
supplement CFDA Nbr + Name: **93.323** Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)  
IDC rate: n/a FAIN: **NU50CK000530 (01-04)** Is award R&D?: **no** Fed awd's total amt: \$ **188,951,581**  
CK19-1904 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious  
Fed award project description: Diseases (ELC)  
Fed awd date + awarding agency: **05-19-20** **HHS, Centers for Disease Control and Prevention**

Subrecipient	Subrecipient UEI	Subrecipient DUNS	Federal funds from grant listed above	Total federal funds for entire Activity
Jackson	X7YWwY6ZP574	019728518	\$ -	\$ 174,109
Johnston	SYGAGEFDHYR7	097599104	\$ -	\$ 916,683
Jones	HE3NNNUE27M7	095116935	\$ 312	\$ 43,013
Lee	F6A8UC99JWJ5	067439703	\$ -	\$ 220,412
Lenoir	QKUFL37VPGH6	042789748	\$ 7,230	\$ 430,596
Lincoln	UGGQGSSKBGJ5	086869336	\$ -	\$ 200,819
Macon	LLPJBC6N2LL3	070626825	\$ -	\$ 211,381
Madison	YQ96F8BJYTJ9	831052873	\$ 45,832	\$ 220,070
MTW	ZKK5GNRNBby6	087204173		
Mecklenburg	EZ15XL6BMM68	074498353	\$ -	\$ 5,513,955
Montgomery	E78ZAJM3BFL3	025384603	\$ -	\$ 105,440
Moore	HFNSK95FS7Z8	050988146	\$ -	\$ 402,843
Nash	NF58K566HQM7	050425677	\$ 260,346	\$ 1,015,587
New Hanover	F7TLT2GMEJE1	040029563	\$ -	\$ 1,031,505
Northampton	CRA2KCAL8BA4	097594477	\$ 7,523	\$ 163,564
Onslow	EGE7NBXW5JS6	172663270	\$ -	\$ 1,048,362
Orange	GFFMCW9XDA53	091575191	\$ -	\$ 356,189
Pamlico	FT59QFEAU344	097600456	\$ -	\$ 6,294
Pender	T11BE678U9P5	100955413	\$ -	\$ 241,907
Person	FQ8LFJGMABJ4	091563718	\$ -	\$ 956
Pitt	VZNPMLFT5R6	080889694	\$ 290,223	\$ 1,701,734
Polk	QZ6BZPGLX4Y9	079067930	\$ -	\$ 106,478
Randolph	T3BUM1CVS9N5	027873132	\$ -	\$ 1,136,967
Richmond	Q63FZNTJM3M4	070621339	\$ -	\$ 192,535
Robeson	LKBEJQFLAAK5	082367871	\$ -	\$ 219,407
Rockingham	KGCCCHJJZZ43	077847143	\$ -	\$ 366,083
Rowan	GCB7UCV96NW6	074494014	\$ -	\$ 1,113,462
Sampson	WRT9CSK1KJY5	825573975	\$ 37,213	\$ 487,441
Scotland	FNVTCUQGCHM5	091564146	\$ -	\$ 232,869
Stanly	U86MZUYPL7C5	131060829	\$ -	\$ 160,159
Stokes	W41TRA3NUNS1	085442705	\$ -	\$ 142,209
Surry	FMWCTM24C9J8	077821858	\$ -	\$ 263,464
Swain	TAE3M92L4QR4	146437553	\$ -	\$ 8,801
Toe River	JUA6GAUQ9UM1	113345201		
Transylvania	W51VGHGM8945	030494215	\$ -	\$ 257,715
Union	LHMKBD4AGRJ5	079051637	\$ -	\$ 1,510,249
Wake	FTJ2WJPLWMJ3	019625961		
Warren	TLNAU5CNHSU5	030239953	\$ -	\$ 29,179
Wayne	DACFHCLQKMS1	040036170	\$ -	\$ 550,178
Wilkes	M14KKHY2NNR3	067439950	\$ -	\$ 339,847
Wilson	ME2DJHMYWG55	075585695	\$ -	\$ 189,784
Yadkin	PLCDT7JFA8B1	089910624	\$ -	\$ 275,585
Yancey	M4SJK9AKVEZ8			

<b>FY23 - FAS</b>	Activity Nbr + Name:	<b>543</b>	<b>ELC Enhancing Detection Activities</b>	
federal award supplement	FAS Nbr + Reason:	<b>2</b>	This FAS is accompanying an AA+BE or an AA Revision+BE Revision.	
	CFDA Nbr + Name:	<b>93.323</b>	Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	
IDC rate: n/a	FAIN:	<b>NU50CK000530</b>	Is award R&D?: <b>no</b>	Fed awd's total amt: \$ <b>603,677,156</b>
Fed award project description:	CK19-1904 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)			
Fed awd date + awarding agency:	01-13-21 HHS, Centers for Disease Control and Prevention			

Subrecipient	Subrecipient UEI	Subrecipient DUNS	Federal funds from grant listed above	Total federal funds for entire Activity
Alamance	MBM7W225N3W8	965194483	\$ 417,872	\$ 417,872
Albemarle	WAAVS51PNMK3	130537822	\$ -	\$ 1,126
Alexander	XVEEJSNY7UX9	030495105	\$ 158,607	\$ 158,607
Anson	PK8UYTSNJCC3	847163029		
Appalachian	CD7BFHB8W539	780131541		
Beaufort	RN1SXF4DLXN6	091567776	\$ 95,453	\$ 95,453
Bladen	TLCTJWDJH1H9	084171628	\$ 218,995	\$ 282,006
Brunswick	MJBMXLN9NJT5	091571349	\$ 496,113	\$ 496,113
Buncombe	W5TCDKMLHE69	879203560	\$ 1,233,156	\$ 1,233,156
Burke	G855APCNL591	883321205	\$ 695,226	\$ 695,226
Cabarrus	RXDXNEJKJFU7	143408289	\$ 766,210	\$ 766,210
Caldwell	HL4FGNJNGE97	948113402	\$ 493,038	\$ 493,038
Carteret	UC6WJ2MQMJS8	058735804	\$ 147,629	\$ 147,629
Caswell	JDJ7Y7CGYC86	077846053	\$ 18,437	\$ 18,437
Catawba	GYUNA9W1NFM1	083677138	\$ 112,410	\$ 112,410
Chatham	KE57QE2GV5F1	131356607	\$ 545,520	\$ 545,520
Cherokee	DCEGK6HA11M5	130705072		
Clay	HYKLQVNWLXK7	145058231	\$ 17,232	\$ 17,232
Cleveland	UWMUYMPVL483	879924850	\$ 239,156	\$ 239,156
Columbus	V1UAJ4L87WQ7	040040016	\$ 392,675	\$ 392,675
Craven	LTZZU8LZQ214	091564294	\$ 503,113	\$ 503,113
Cumberland	HALND8WJ3GW4	123914376	\$ 1,976,756	\$ 1,976,756
Dare	ELV6JGB11QK6	082358631		
Davidson	C9P5MDJC7KY7	077839744	\$ 1,065,576	\$ 1,065,576
Davie	L8WBGLHZV239	076526651	\$ 271,372	\$ 271,372
Duplin	KZN4GK5262K3	095124798	\$ 162,169	\$ 648,084
Durham	LJ5BA6U2HLM7	088564075	\$ 1,433,151	\$ 1,433,151
Edgecombe	MAN4LX44AD17	093125375	\$ 352,464	\$ 352,464
Foothills	NGTEF2MQ8LL4	782359004	\$ 116,135	\$ 116,135
Forsyth	V6BGVQ67YPY5	105316439	\$ 2,974,251	\$ 2,974,251
Franklin	FFKTRQCNN143	084168632	\$ 438,712	\$ 438,712
Gaston	QKY9R8A8D5J6	071062186	\$ 1,798,273	\$ 1,935,032
Graham	L8MAVKQJTYN7	020952383		
Granville-Vance	MGQJKK22EJB3	063347626	\$ 252,153	\$ 252,153
Greene	VCU5LD71N9U3	091564591	\$ 138,677	\$ 152,113
Guilford	YBEQWGFJPMJ3	071563613	\$ 2,368,666	\$ 2,368,666
Halifax	MRL8MYNJ3Y5	014305957	\$ 374,559	\$ 374,559
Harnett	JBD9V41BX7	091565986	\$ 1,089,044	\$ 1,100,757
Haywood	DQHZEAV95G5	070620232	\$ 282,725	\$ 282,725
Henderson	TG5AR81JLFQ5	085021470	\$ 192,003	\$ 192,003
Hoke	C1GWSADARX51	091563643	\$ 275,448	\$ 275,448
Hyde	T2RSYN36NN64	832526243	\$ -	\$ 7,911
Iredell	XTNRLKJLA4S9	074504507	\$ 1,430,132	\$ 1,548,007

**FY23 - FAS** Activity Nbr + Name: **543** **ELC Enhancing Detection Activities**  
federal award FAS Nbr + Reason: **2** This FAS is accompanying an AA+BE or an AA Revision+BE Revision.  
supplement CFDA Nbr + Name: **93.323** Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)  
IDC rate: n/a FAIN: **NU50CK000530** Is award R&D?: **no** Fed awd's total amt: \$ **603,677,156**  
CK19-1904 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious  
Fed award project description: Diseases (ELC)  
Fed awd date + awarding agency: **01-13-21** **HHS, Centers for Disease Control and Prevention**

Subrecipient	Subrecipient UEI	Subrecipient DUNS	Federal funds from grant listed above	Total federal funds for entire Activity
Jackson	X7YWwY6ZP574	019728518	\$ 174,109	\$ 174,109
Johnston	SYGAGEFDHYR7	097599104	\$ 916,683	\$ 916,683
Jones	HE3NNNUE27M7	095116935	\$ 42,701	\$ 43,013
Lee	F6A8UC99JWJ5	067439703	\$ 220,412	\$ 220,412
Lenoir	QKUF137VPGH6	042789748	\$ 423,366	\$ 430,596
Lincoln	UGGQGSKBGJ5	086869336	\$ 200,819	\$ 200,819
Macon	LLPJBC6N2LL3	070626825	\$ 211,381	\$ 211,381
Madison	YQ96F8BJYTJ9	831052873	\$ 174,238	\$ 220,070
MTW	ZKK5GNRNBYY6	087204173		
Mecklenburg	EZ15XL6BMM68	074498353	\$ 5,513,955	\$ 5,513,955
Montgomery	E78ZAJM3BFL3	025384603	\$ 105,440	\$ 105,440
Moore	HFNSK95FS7Z8	050988146	\$ 402,843	\$ 402,843
Nash	NF58K566HQM7	050425677	\$ 755,241	\$ 1,015,587
New Hanover	F7TLT2GMEJE1	040029563	\$ 1,031,505	\$ 1,031,505
Northampton	CRA2KCAL8BA4	097594477	\$ 156,041	\$ 163,564
Onslow	EGE7NBXW5JS6	172663270	\$ 1,048,362	\$ 1,048,362
Orange	GFFMCW9XDA53	091575191	\$ 356,189	\$ 356,189
Pamlico	FT59QFEAU344	097600456	\$ 6,294	\$ 6,294
Pender	T11BE678U9P5	100955413	\$ 241,907	\$ 241,907
Person	FQ8LFJGMABJ4	091563718	\$ 956	\$ 956
Pitt	VZNPMLFT5R6	080889694	\$ 1,411,511	\$ 1,701,734
Polk	QZ6BZPGLX4Y9	079067930	\$ 106,478	\$ 106,478
Randolph	T3BUM1CVS9N5	027873132	\$ 1,136,967	\$ 1,136,967
Richmond	Q63FZNTJM3M4	070621339	\$ 192,535	\$ 192,535
Robeson	LKBEJQFLAAK5	082367871	\$ 219,407	\$ 219,407
Rockingham	KGCCCHJZZ43	077847143	\$ 366,083	\$ 366,083
Rowan	GCB7UCV96NW6	074494014	\$ 1,113,462	\$ 1,113,462
Sampson	WRT9CSK1KJY5	825573975	\$ 450,228	\$ 487,441
Scotland	FNVTCUQGCHM5	091564146	\$ 232,869	\$ 232,869
Stanly	U86MZUYPL7C5	131060829	\$ 160,159	\$ 160,159
Stokes	W41TRA3NUNS1	085442705	\$ 142,209	\$ 142,209
Surry	FMWCTM24C9J8	077821858	\$ 263,464	\$ 263,464
Swain	TAE3M92L4QR4	146437553	\$ 8,801	\$ 8,801
Toe River	JUA6GAUQ9UM1	113345201		
Transylvania	W51VGHGM8945	030494215	\$ 257,715	\$ 257,715
Union	LHMKBD4AGRJ5	079051637	\$ 1,510,249	\$ 1,510,249
Wake	FTJ2WJPLWMJ3	019625961		
Warren	TLNAU5CNHSU5	030239953	\$ 29,179	\$ 29,179
Wayne	DACFHCLQKMS1	040036170	\$ 550,178	\$ 550,178
Wilkes	M14KKHY2NNR3	067439950	\$ 339,847	\$ 339,847
Wilson	ME2DJHMYWG55	075585695	\$ 189,784	\$ 189,784
Yadkin	PLCDT7JFA8B1	089910624	\$ 275,585	\$ 275,585
Yancey	M4SJ9AKVEZ8			

DPH-Aid-To-Counties

For Fiscal Year: 22/23

Budgetary Estimate Number : 0

Activity 543	AA	1175 878A HH	Total Allocated	1175 883A P5	Total Allocated	Proposed Total	New Total
Service Period		06/01-05/31		06/01-05/31			
Payment Period		07/01-06/30		07/01-06/30			
01 Alamance	* 0	0	\$0.00	417,872	\$0.00	417,872	417,872
D1 Albemarle	* 0	1,126	\$0.00	0	\$0.00	1,126	1,126
02 Alexander	* 0	0	\$0.00	158,607	\$0.00	158,607	158,607
04 Anson		0	\$0.00	0	\$0.00	0	0
D2 Appalachian		0	\$0.00	0	\$0.00	0	0
07 Beaufort	* 0	0	\$0.00	95,453	\$0.00	95,453	95,453
09 Bladen	* 0	63,011	\$0.00	218,995	\$0.00	282,006	282,006
10 Brunswick	* 0	0	\$0.00	496,113	\$0.00	496,113	496,113
11 Buncombe	* 0	0	\$0.00	1,233,156	\$0.00	1,233,156	1,233,156
12 Burke	* 0	0	\$0.00	695,226	\$0.00	695,226	695,226
13 Cabarrus	* 0	0	\$0.00	766,210	\$0.00	766,210	766,210
14 Caldwell	* 0	0	\$0.00	493,038	\$0.00	493,038	493,038
16 Carteret	* 0	0	\$0.00	147,629	\$0.00	147,629	147,629
17 Caswell	* 0	0	\$0.00	18,437	\$0.00	18,437	18,437
18 Catawba	* 0	0	\$0.00	112,410	\$0.00	112,410	112,410
19 Chatham	* 0	0	\$0.00	545,520	\$0.00	545,520	545,520
20 Cherokee		0	\$0.00	0	\$0.00	0	0
22 Clay	* 0	0	\$0.00	17,232	\$0.00	17,232	17,232
23 Cleveland	* 0	0	\$0.00	239,156	\$0.00	239,156	239,156
24 Columbus	* 0	0	\$0.00	392,675	\$0.00	392,675	392,675
25 Craven	* 0	0	\$0.00	503,113	\$0.00	503,113	503,113
26 Cumberland	* 0	0	\$0.00	1,976,756	\$0.00	1,976,756	1,976,756
28 Dare		0	\$0.00	0	\$0.00	0	0
29 Davidson	* 0	0	\$0.00	1,065,576	\$0.00	1,065,576	1,065,576
30 Davie	* 0	0	\$0.00	271,372	\$0.00	271,372	271,372
31 Duplin	* 0	485,915	\$0.00	162,169	\$0.00	648,084	648,084
32 Durham	* 0	0	\$0.00	1,433,151	\$0.00	1,433,151	1,433,151
33 Edgecombe	* 0	0	\$0.00	352,464	\$0.00	352,464	352,464
D7 Foothills	* 0	0	\$0.00	116,135	\$0.00	116,135	116,135
34 Forsyth	* 0	0	\$0.00	2,974,251	\$0.00	2,974,251	2,974,251
35 Franklin	* 0	0	\$0.00	438,712	\$0.00	438,712	438,712
36 Gaston	* 0	136,759	\$0.00	1,798,273	\$0.00	1,935,032	1,935,032
38 Graham		0	\$0.00	0	\$0.00	0	0
D3 Gran-Vance	* 0	0	\$0.00	252,153	\$0.00	252,153	252,153
40 Greene	* 0	13,436	\$0.00	138,677	\$0.00	152,113	152,113
41 Guilford	* 0	0	\$0.00	2,368,666	\$0.00	2,368,666	2,368,666
42 Halifax	* 0	0	\$0.00	374,559	\$0.00	374,559	374,559
43 Harnett	* 0	11,713	\$0.00	1,089,044	\$0.00	1,100,757	1,100,757
44 Haywood	* 0	0	\$0.00	282,725	\$0.00	282,725	282,725
45 Henderson	* 0	0	\$0.00	192,003	\$0.00	192,003	192,003
47 Hoke	* 0	0	\$0.00	275,448	\$0.00	275,448	275,448
48 Hyde	* 0	7,911	\$0.00	0	\$0.00	7,911	7,911
49 Iredell	* 0	117,875	\$0.00	1,430,132	\$0.00	1,548,007	1,548,007
50 Jackson	* 0	0	\$0.00	174,109	\$0.00	174,109	174,109
51 Johnston	* 0	0	\$0.00	916,683	\$0.00	916,683	916,683




52 Jones	*	0	312	\$0.00	42,701	\$0.00	43,013	43,013
53 Lee	*	0	0	\$0.00	220,412	\$0.00	220,412	220,412
54 Lenoir	*	0	7,230	\$0.00	423,366	\$0.00	430,596	430,596
55 Lincoln	*	0	0	\$0.00	200,819	\$0.00	200,819	200,819
56 Macon	*	0	0	\$0.00	211,381	\$0.00	211,381	211,381
57 Madison	*	0	45,832	\$0.00	174,238	\$0.00	220,070	220,070
D4 M-T-W			0	\$0.00	0	\$0.00	0	0
60 Mecklenburg	*	0	0	\$0.00	5,513,955	\$0.00	5,513,955	5,513,955
62 Montgomery	*	0	0	\$0.00	105,440	\$0.00	105,440	105,440
63 Moore	*	0	0	\$0.00	402,843	\$0.00	402,843	402,843
64 Nash	*	0	260,346	\$0.00	755,241	\$0.00	1,015,587	1,015,587
65 New Hanover	*	0	0	\$0.00	1,031,505	\$0.00	1,031,505	1,031,505
66 Northampton	*	0	7,523	\$0.00	156,041	\$0.00	163,564	163,564
67 Onslow	*	0	0	\$0.00	1,048,362	\$0.00	1,048,362	1,048,362
68 Orange	*	0	0	\$0.00	356,189	\$0.00	356,189	356,189
69 Pamlico	*	0	0	\$0.00	6,294	\$0.00	6,294	6,294
71 Pender	*	0	0	\$0.00	241,907	\$0.00	241,907	241,907
73 Person	*	0	0	\$0.00	956	\$0.00	956	956
74 Pitt	*	0	290,223	\$0.00	1,411,511	\$0.00	1,701,734	1,701,734
75 Polk	*	0	0	\$0.00	106,478	\$0.00	106,478	106,478
76 Randolph	*	0	0	\$0.00	1,136,967	\$0.00	1,136,967	1,136,967
77 Richmond	*	0	0	\$0.00	192,535	\$0.00	192,535	192,535
78 Robeson	*	0	0	\$0.00	219,407	\$0.00	219,407	219,407
79 Rockingham	*	0	0	\$0.00	366,083	\$0.00	366,083	366,083
80 Rowan	*	0	0	\$0.00	1,113,462	\$0.00	1,113,462	1,113,462
82 Sampson	*	0	37,213	\$0.00	450,228	\$0.00	487,441	487,441
83 Scotland	*	0	0	\$0.00	232,869	\$0.00	232,869	232,869
84 Stanly	*	0	0	\$0.00	160,159	\$0.00	160,159	160,159
85 Stokes	*	0	0	\$0.00	142,209	\$0.00	142,209	142,209
86 Surry	*	0	0	\$0.00	263,464	\$0.00	263,464	263,464
87 Swain	*	0	0	\$0.00	8,801	\$0.00	8,801	8,801
D6 Toe River			0	\$0.00	0	\$0.00	0	0
88 Transylvania	*	0	0	\$0.00	257,715	\$0.00	257,715	257,715
90 Union	*	0	0	\$0.00	1,510,249	\$0.00	1,510,249	1,510,249
92 Wake			0	\$0.00	0	\$0.00	0	0
93 Warren	*	0	0	\$0.00	29,179	\$0.00	29,179	29,179
96 Wayne	*	0	0	\$0.00	550,178	\$0.00	550,178	550,178
97 Wilkes	*	0	0	\$0.00	339,847	\$0.00	339,847	339,847
98 Wilson	*	0	0	\$0.00	189,784	\$0.00	189,784	189,784
99 Yadkin	*	0	0	\$0.00	275,585	\$0.00	275,585	275,585
00 Yancey			0	\$0.00	0	\$0.00	0	0
Totals			1,486,425	0	44,482,260	0	45,968,685	45,968,685

Sign and Date - DPH Program Administrator

 6-24-22

Sign and Date - DPH Budget Office - ATC Coordinator

 6/24/22

Sign and Date - DPH Section Chief

Mac Kemer 06/24/22

Sign and Date - DPH Budget Officer

 6/24/2022

Agenda Item: VIII.F.  
Meeting Date: 08/02/2022

**MEMORANDUM TO BOARD OF COMMISSIONERS:**

**FROM:** Randy Gould, Public Works Director  
**DATE:** 07/12/2022  
**SUBJECT:** Service Contract for Bio-Solids Tipping  
**PRESENTER:** Randy Gould

**REQUEST:**

Authorize the Chairman to execute Service Contract in the amount of \$114,400 for FY23 with an automatic renewal for the amount of \$124,120.00 for FY24, for Bio-solids tipping.

**BACKGROUND:**

As part of the treatment process, prior to discharge, the Moore County Water Pollution Control Plant (WPCP) must remove bio-solids from the treated water. The bio-solids are then dewatered and stockpiled. Per DENR the dewatered bio-solids must be removed from the facility and sent to an approved disposal site. The WPCP generate an estimated 4000 tons per year. The previous contract expired, therefore a Request for Proposal (RFP#: 2022-15) was issued. The RFP was issued June 1, 2022, requesting bid for bio-solids tipping at the Moore County Water Pollution Control Plant. Only one bid was received on June 15, 2022, -from Chambers Development proposing a cost per ton of \$28.60 for FY23 -and a cost per ton of \$31.03 for FY24-.

**IMPLEMENTATION PLAN:**

Authorize Chairman to approve Service Contract with Chambers Development of North Carolina Inc.

**FINANCIAL IMPACT STATEMENT:**

Purchase Order for FY23 not to exceed amount is \$114,400. OO and \$124,120.00 for FY24. These funds have been budgeted for FY 23 and will be budgeted for FY24.

**RECOMMENDATION SUMMARY:**

Make a motion to authorize Chairman to approve Service Contract with Chambers Development of North Carolina Inc.

**SUPPORTING ATTACHMENTS:**

Invitation for bid  
Bid from Chambers  
Bid tabulation  
Contract

# COUNTY OF MOORE NORTH CAROLINA

## REQUEST FOR PROPOSALS

---

ISSUE DATE: **June 1, 2022**

RFP#: **2022-15**

TITLE: **WASTEWATER BIO-SOLID TIPPING SERVICES**

ISSUING DEPARTMENT: **County of Moore Financial Services  
Attn: Terra Vuncannon  
206 S. Ray Street  
PO Box 905  
Carthage, NC 28327**

**Sealed Proposals** will be received until **Wednesday, June 15, 2022 at 4:00 pm** from qualified vendors for Wastewater Bio-Solid Tipping Services for the County of Moore Water Pollution control Plant. All inquiries for information concerning Instructions for Proposals, Bid Submission Requirements or Procurement Procedures shall be directed to (in writing):

**Terra Vuncannon, Purchasing Manager  
PO Box 905  
Carthage, NC 28327  
(910) 947-7118 (Telephone)  
[tvuncannon@moorecountync.gov](mailto:tvuncannon@moorecountync.gov)**

**Sealed Proposals shall be mailed and/or hand delivered to the Issuing Department shown above, and the envelope shall bear the name and number of this Request for Proposal. It is the sole responsibility of the Bidder to ensure that its bid reaches the Issuing Department by the designated date and hour indicated above. **For your convenience, a Bid Drop-Off Box is located in the lobby at 206 South Ray Street, Carthage, NC 28327.****

**In compliance with the Request for Proposals and to all the terms and conditions imposed herein, the undersigned offers and agrees to furnish the services described in accordance with the attached signed bid.**

Firm Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
By: \_\_\_\_\_  
(typed)

By: \_\_\_\_\_  
(signed)

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## INSTRUCTIONS FOR PROPOSALS

1. **Proposals shall be submitted to the Issuing Department on the enclosed Proposal Form.** In order for a proposal to be considered, it shall be based on the terms, conditions and specifications contained herein and shall be a complete response to this RFP. The County reserves the right to make an award in whole, or in part, and to reject and all proposals, and to waive any informality in proposals unless otherwise specified by the Bidder. The Bidder shall sign the bid correctly and bids may be rejected if they show omissions, alterations of form, additions not called for, conditional bids or any irregularities of any kind.
2. All labor costs, direct and indirect, shall have been determined and included in the proposal. The cost and availability of all equipment, materials, and supplies associated with performing the services described herein shall have been determined and included in the proposal. Do not include sales tax in bid figures. The County pays sales tax and will add this to your bid figures separately when invoices are paid. All price quotes shall include delivery to the delivery point, installation and set-up charges, as necessary. Goods shall be set in place ready for owner's use. All goods shall be new and of average quality. No remanufactured, refurbished or used goods will be accepted. Appropriate product information (e.g. brochures, catalog cuts, etc.) shall be included with the proposal.
3. After the RFP issue date, all communications between the Issuing Department and prospective Bidders shall be in writing. No oral questions shall be accepted. Any inquiries, requests for interpretation, technical questions, clarifications, or additional information shall be directed to Terra Vuncannon at tvuncannon@moorecountync.gov or at the address listed on page one of this solicitation. All questions concerning this RFP shall reference the RFP number, section and page number. Questions and responses affecting the scope of the goods will be provided to all prospective Bidders by issuance of an Addendum. **All written questions shall be received by the Issuing Department no later than 10:00 am Wednesday, June 8, 2022. NO EXCEPTIONS.**
4. The County will not be responsible for any oral instructions. Should a Bidder find discrepancies in, or omissions from the documents, or should be in doubt as to their meaning, s/he should at once notify the Issuing Department, and a written addendum shall be issued. Acknowledgement of any Addendum received during the time of the bidding shall be noted on the Bid Form in the spaces provided. In closing of a contract, any Addendum issued shall become a part thereof.
5. Proposals will be examined promptly after opening and award will be made at the earliest possible date. The prices quoted must be held firm, and no bids may be withdrawn until **90 days** after bid opening date. The County reserves the right to conduct any test/inspection it may deem advisable to ensure services/materials/supplies/equipment, as appropriate, conform to specifications.
6. Pursuant to North Carolina General Statutes Section 143-129, "award shall be made to the lowest responsible Bidder or Bidders, taking into consideration quality, performance and the time specified in the proposals for the performance of the contract."
7. The materials/supplies/equipment furnished under any resulting contract shall be covered by the manufacturer's most favorable commercial warranty. Each Bidder shall plainly set forth the

warranty for the goods in the bid. Operations and maintenance manuals for equipment shall also be provided, as appropriate.

8. The County of Moore has waived the Bid Deposit.
9. All purchases for goods or services are subject to the availability of funds for this purpose.
10. The General Statutes of the State of North Carolina, insofar as they apply to purchasing and competitive bidding, are made a part hereof.
11. The County of Moore is committed to creating and maintaining an environment free from harassment and other forms of misconduct that fundamentally compromise the working environment of the County. All contractors performing work/services at a County facility shall take all necessary steps to assure that none of its employees engage in harassment or intimidation relating to personal beliefs or characteristics of anyone on the County's premises, including but not limited to, race, religion, age, color, sex, national origin or disability. Such harassment is unacceptable and will not be condoned in any form at the County of Moore. If such conduct occurs, the contractor will take all necessary steps to stop it and prevent its future occurrence. This policy shall be strictly enforced.
12. For all the work being performed under this Contract, the County of Moore has the right to inspect, examine, and make copies of any and all books, accounts, records and other writing relating to the performance of the work. Audits shall take place at times and locations mutually agreed upon by both parties, although the vendor/contractor must make the materials to be audited available within one (1) week of the request for them.
13. The Bidder agrees that it will not identify the County of Moore as a client in any other proposal, resume, or informational brochure without first requesting and obtaining, in writing, the permission of the County of Moore Board of Commissioners.
14. All Bidders must complete and submit the Vendor Application Form, Non-Collusion and E-Verify affidavits with their bid package. This information will be used to create or update the County's bidder/vendor file.
15. The County of Moore reserves the right to reject any and all proposals. It further reserves the right to waive informalities insofar as it is authorized so to do where it deems it advisable in protection of the best interests of the County.
16. Proposals will be tabulated, reviewed and a recommendation presented to the County of Moore Board of Commissioners for their approval.
17. Any and all exceptions to the Specifications must be stated in writing, giving complete details of what is to be furnished in lieu of requested Specifications.
18. The County of Moore reserves the right to cancel and terminate any resulting contract, in whole or in part, without penalty, upon forty-five (45) days notices to the Vendor(s). Any contract cancellation shall not relieve the Vendor(s) of the obligation to deliver any outstanding services issued prior to the effective date of the cancellation.

## **Background and Scope of Work**

In order to maintain compliance, the County of Moore Water Pollution Control Plant is seeking proposals for the tipping of bio-solids for fiscal years 2022-2023 and 2023-2024. Lined landfills and NC state approved composting facilities are acceptable venues. Site should be within 75 miles of the Water Pollution Control Plant located at 1094 Addor Road Aberdeen, NC 28315. An anticipated 4500 tons will be required to be tipped for both fiscal years. 2022 Results for Toxicity Characteristic Leachate Procedure (TCLP) and Polychlorinated biphenyl (PCB) are included in the proposal packet. Also included is the Sludges Excluded from Municipal Solid Waste document.

### **Specify**

- Landfill hours-acceptable times for first load and last load
- Maximum number of tons acceptable per day
- Is it acceptable to mix rags (from bar screen) into the bio-solids for disposal
- Destination tipping site - physical address



**Meritech, Inc.**  
**Environmental Laboratory**  
Laboratory Certification No. 165

REV 07/2020

**COPY**

Contact: Connie Flowers  
Client: Moore County WPCP  
1094 Addor Rd  
Aberdeen, NC 28315

Page 1  
Report Date: 2/7/2022  
NPDES#: NC0037508  
P.C. #: 10000149-00  
Date Sample Recd: 1/7/2022

Meritech Work Order #: 01072274

Sample: Sludge: 010441 Grab

1/4/2022

**1311 - TCLP Metals**

Parameter	Results	Analysis Date	Det. Limit	Reg. Limit	Method
Arsenic	<0.100 mg/L	1/25/22	0.100	5.0	EPA 200.7
Barium	0.314 mg/L	1/25/22	0.050	100.0	EPA 200.7
Cadmium	<0.020 mg/L	1/25/22	0.020	1.0	EPA 200.7
Chromium	<0.050 mg/L	1/25/22	0.050	5.0	EPA 200.7
Lead	<0.100 mg/L	1/25/22	0.100	5.0	EPA 200.7
Mercury	<0.02 mg/L	1/18/22	0.02	0.2	EPA 245.1
Selenium	<0.100 mg/L	1/25/22	0.100	1.0	EPA 200.7
Silver	<0.050 mg/L	1/25/22	0.050	5.0	EPA 200.7

**TCLP Organics**

Parameter	Results	Analysis Date	Reporting Limit	Method
Volatiles 8260	Attached	1/11/22	-	8260
Semi Vol. 8270	Attached	1/19/22	-	8270

**Other Tests**

Parameter	Results	Analysis Date	Reporting Limit	Method
Cyanide, total	<0.500 mg/kg	1/13/22	0.500 mg/kg	EPA 335.4
Sulfide	11.0 mg/kg	1/14/22	10.0 mg/kg	SW 846 9038
Ignitability	Will Not Ignite	1/14/22	-	EPA 1030
Corrosivity (pH)	8.0 S.U.	1/14/22	1.0 - 14.0 S.U.	SM 4500 HB

642 Tawco Road, Reidsville, North Carolina 27320  
tel (336) 342-4748 fax (336) 342-1522





**Meritech, Inc.**  
**Environmental Laboratory**  
Laboratory Certification No. 165

Contact: Connie Flowers  
Client: Moore County WPCP  
1094 Addor Rd  
Aberdeen, NC 28315

Page 2  
Report Date: 2/7/2022  
NPDES#: NC0037508  
P.O. #: 18000149-00  
Date Sample Rcvd: 1/7/2022

Meritech Work Order # 01072274

Sample: Sludge: 010441 Grab

1/4/2022

**1311 - TCLP Pesticides & Herbicides**

**Pesticide - SW-846 8081A**

<u>Parameter</u>	<u>Results</u>	<u>Analysis Date</u>	<u>Det. Limit</u>	<u>Reg. Limit</u>	<u>Dilution Factor</u>
Endrin	Attached	-	-	-	-
Chlordane	Attached	-	-	-	-
Toxaphene	Attached	-	-	-	-
Methoxychlor	Attached	-	-	-	-
Heptachlor	Attached	-	-	-	-
Lindane	Attached	-	-	-	-

**Herbicides - SW-846 8151A**

<u>Parameter</u>	<u>Results</u>	<u>Analysis Date</u>	<u>Det. Limit</u>	<u>Reg. Limit</u>	<u>Dilution Factor</u>
2,4-D	Attached	-	-	-	-
2,4,5-TP (Silvex)	Attached	-	-	-	-

Meritech Work Order # 01072275

Sample: Sludge: 010442 Grab

1/4/2022

<u>Parameter</u>	<u>Results</u>	<u>Analysis Date</u>	<u>Reporting Limit</u>	<u>Method</u>
PCB	Attached	1/11/22	-	-

Meritech Work Order # 01072276

Sample: Thermal Metal: 0104015 Grab

1/4/22

<u>Parameters</u>	<u>Results</u>	<u>Analysis Date</u>	<u>Reporting Limit</u>	<u>Method</u>
Cadmium, total	<0.002 mg/L	1/19/22	0.002 mg/L	EPA 200.7
Copper, total	0.009 mg/L	1/19/22	0.002 mg/L	EPA 200.7
Nickel, total	0.086 mg/L	1/19/22	0.010 mg/L	EPA 200.7

642 Tamco Road, Reidsville, North Carolina 27320  
tel.(336)342-4748 fax:(336)342-1522



# MERITECH, INC.

Environmental Laboratories

Laboratory Certificate # 165

Client: Moore County WPCP  
Project: TCLP  
Client Sample ID: Sludge:0104041  
Sample Collection: 01/04/22  
Meritech Sample ID: 01072274

## 1311 - TCLP Organics

Volatiles: SW-846 8260  
Analysis: 01/11/22  
Analyst: VVV

Extraction: 01/10/22  
Report Date: 01/14/22

Parameter	Result	Units	Det. Limit	Reg. Limit	Dilution Factor
Benzene	< 0.0100	mg/L	0.0100	0.50	10
Carbon Tetrachloride	< 0.0100	mg/L	0.0100	0.50	10
Chlorobenzene	< 0.0100	mg/L	0.0100	100	10
Chloroform	< 0.0100	mg/L	0.0100	5.0	10
1,2-Dichloroethane	< 0.0100	mg/L	0.0100	0.50	10
1,1-Dichloroethene	< 0.0100	mg/L	0.0100	0.70	10
Methyl Ethyl Ketone	< 0.100	mg/L	0.100	200	10
Tetrahydrofuran	< 0.0100	mg/L	0.0100	0.70	10
Trichloroethylene	< 0.0100	mg/L	0.0100	0.50	10
Vinyl Chloride	< 0.0200	mg/L	0.0200	0.20	10

Semi-Volatiles: SW-846 8270  
Analysis: 01/19/22  
Analyst: PM

Extraction: 01/10/22  
Report Date: 01/24/22

Parameter	Result	Units	Det. Limit	Reg. Limit	Dilution Factor
1,4-Dichlorobenzene	< 0.100	mg/L	0.100	7.5	10
Dioxidobenzene	< 0.100	mg/L	0.100	0.13	10
Hexachloro-1,3-butadiene	< 0.100	mg/L	0.100	0.5	10
Hexachlorobutene	< 0.100	mg/L	0.100	1.00	10
o-cresol	< 0.100	mg/L	0.100	700	10
m&p-cresol	< 0.200	mg/L	0.200	300	10
Total cresols	< 0.300	mg/L	0.300	230	10
Nitrobenzene	< 0.100	mg/L	0.100	2.00	10
Pentachlorophenol	< 0.500	mg/L	0.500	100	10
Pyridine	< 0.100	mg/L	0.100	5.0	10
2,4,6-Trichlorophenol	< 0.100	mg/L	0.100	400	10
2,4,6-Trichlorophenol	< 0.100	mg/L	0.100	2.00	10
2,4-Dinitrophenol	< 0.100	mg/L	0.100	0.13	10

I hereby certify that I have reviewed and approve these data.

Aminda Hancock  
Laboratory Representative

642 Tamco Road \* Reidsville, NC 27320  
(336) 342-4748 \* info@meritechlabs.com



**SUMMIT**  
ENVIRONMENTAL TECHNOLOGIES, INC.  
Analytical Laboratories

Summit Environmental Technologies, Inc.  
2376 PTH 52  
Cynthiana Falls, Ohio 44722  
TEL: (330) 233-6211 FAX: (330) 233-4477  
Website: [www.summitenv.com](http://www.summitenv.com)

WQW: 12010902

Date Reported: 2/4/2022

Company: Metrick Environmental Laboratories

Address: 542 Toccoa Rd.

Raidersville NC 27320

Received: 1/14/2022

Project #:

**TCLP Pesticides Analysis (SW1311/8061)**

Client ID#	Lab ID#	Collected Analyte	Rep Limit	Result Units	Matrix	Method	DF	RegLvl	Run	Analyst
010722-74	001	1/4/2022 Chlordane, total	25.0	ND ug/L	Sludge	EPA 8081B	10	30.0	2/3/2022	CSS
010722-74	001	1/4/2022 Toxaphene	50.0	ND ug/L	Sludge	EPA 8081B	10	30.0	2/3/2022	CSS
010722-74	001	1/4/2022 Endrin	5.00	ND ug/L	Sludge	EPA 8081B	10	30.0	2/3/2022	CSS
010722-74	001	1/4/2022 gamma-BHC	5.00	ND ug/L	Sludge	EPA 8081B	10	40.0	2/3/2022	CSS
010722-74	001	1/4/2022 Heptachlor	5.00	ND ug/L	Sludge	EPA 8081B	10	8.00	2/3/2022	CSS
010722-74	001	1/4/2022 Heptachlor epoxide	5.00	ND ug/L	Sludge	EPA 8081B	10	8.00	2/3/2022	CSS
010722-74	001	1/4/2022 Methoxychlor	5.00	ND ug/L	Sludge	EPA 8081B	10	10.00	2/3/2022	CSS

**TCLP Herbicides by EPA 8321B**

Client ID#	Lab ID#	Collected Analyte	Rep Limit	Result Units	Matrix	Method	DF	RegLvl	Run	Analyst
010722-74	001	1/4/2022 2,4-D	0.500	ND mg/L	Sludge	EPA 8321B	50	10.0	1/31/2022	RJS
010722-74	001	1/4/2022 2,4,5-TF	0.500	ND mg/L	Sludge	EPA 8321B	50	1.00	1/31/2022	RJS

**TCLP Pesticides Analysis (SW1311/8081)**

Client ID#	Lab ID#	Collected Analyte	Rep Limit	Result Units	Matrix	Method	DF	RegLvl	Run	Analyst
011122-280	002	1/11/2022 Chlordane, total	25.0	ND ug/L	Sludge	EPA 8081B	10	30.0	2/3/2022	CSS
011122-280	002	1/11/2022 Toxaphene	50.0	ND ug/L	Sludge	EPA 8081B	10	30.0	2/3/2022	CSS
011122-280	002	1/11/2022 Endrin	5.00	ND ug/L	Sludge	EPA 8081B	10	20.0	2/3/2022	CSS
011122-280	002	1/11/2022 gamma-BHC	5.00	ND ug/L	Sludge	EPA 8081B	10	40.0	2/3/2022	CSS
011122-280	002	1/11/2022 Heptachlor	5.00	ND ug/L	Sludge	EPA 8081B	10	8.00	2/3/2022	CSS
011122-280	002	1/11/2022 Heptachlor epoxide	5.00	ND ug/L	Sludge	EPA 8081B	10	8.00	2/3/2022	CSS
011122-280	002	1/11/2022 Methoxychlor	5.00	ND ug/L	Sludge	EPA 8081B	10	10.00	2/3/2022	CSS

**TCLP Herbicides by EPA 8321B**

Client ID#	Lab ID#	Collected Analyte	Rep Limit	Result Units	Matrix	Method	DF	RegLvl	Run	Analyst
011122-280	002	1/11/2022 2,4-D	0.500	ND mg/L	Sludge	EPA 8321B	50	10.0	1/31/2022	RJS
011122-280	002	1/11/2022 2,4,5-TF	0.500	ND mg/L	Sludge	EPA 8321B	50	1.00	1/31/2022	RJS



# MERITECH, INC.

## Environmental Laboratories

A Division of Water Technology and Controls, Inc.

Client:	Moore County	Meritech ID#:	01072375
PO#:	18000149-00	Analysis:	1/11/2022
Client Sample ID:	Sludge: 0104042	Extracted:	1/10/2022
Sample Collection:	1/4/2022 08:15	Analyst:	TM
% Total Solids:	27.4%	Dilution Factor:	5x

### SW-846-8082A PCB's -Sludge

Aroclor 1216	< 0.91	mg/kg
Aroclor 1221	< 0.91	mg/kg
Aroclor 1232	< 0.91	mg/kg
Aroclor 1242	< 0.91	mg/kg
Aroclor 1248	< 0.91	mg/kg
Aroclor 1254	< 0.91	mg/kg
Aroclor 1260	< 0.91	mg/kg

I hereby certify that I have reviewed and approve these data.

*Amanda Harbeck*  
Laboratory Representative

642 Tamco Road \* Roldsville, NC 27320  
(336) 342-4748 Ph \* (336) 342-1522 Fax





**Sales and Use Tax Division**  
**North Carolina Department of Revenue**  
**Post Office Box 25000**  
**Raleigh, North Carolina 27640-0001**  
[www.dormc.com](http://www.dormc.com)

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**IMPORTANT NOTICE: SLUDGES EXCLUDED FROM MUNICIPAL SOLID WASTE**

N.C. Gen. Stat. § 130A-290(a)(34) defines "sludge" as "any solid, semisolid or liquid waste generated from a municipal, commercial, institutional or industrial wastewater treatment plant, water supply treatment plant or air pollution control facility, or any other waste having similar characteristics and effects."

N.C. Gen. Stat. § 130A-290(a)(18a) provides that "municipal solid waste" means "any solid waste resulting from the operation of residential, commercial, industrial, governmental, or institutional establishments that would normally be collected, processed, and disposed of through a public or private solid waste management service. Municipal solid waste does not include hazardous waste, sludge, industrial waste managed in a solid waste management facility owned and operated by the generator of the industrial waste for management of that waste, or solid waste from mining or agricultural operations."

The Division of Waste Management of the North Carolina Department of Environment and Natural Resources has confirmed that sludges are specifically excluded from the list of wastes that are considered municipal solid waste; therefore, sludges are not subject to the solid waste disposal tax pursuant to N.C. Gen. Stat. § 105-187.61.

Questions about this notice can be directed to the Taxpayer Assistance and Collection Center at telephone number 1-877-252-3052 (toll-free) or in writing to the Taxpayer Assistance Division, North Carolina Department of Revenue, PO Box 25000, Raleigh, NC 27640-0001.

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September 2012

## PROPOSAL FORM

Sealed Proposals will be received until 4:00 pm on Wednesday, June 15, 2022 in Financial Services, County of Moore, 206 S. Ray Street, Carthage, NC 28327. Opening will not be public.

Use this form only for submitting proposals. In submitting your proposal, keep in mind that any alterations, changes in proposal format, etc. will make it difficult to evaluate proposals. All items should be in the units, quantities, units of measurement, etc. specified. Do not submit alternates unless requested. The County of Moore shall reserve the right to reject any or all proposals.

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**TOTAL COST PER TON (July 1, 2022 - June 30, 2023):** \$ \_\_\_\_\_

**TOTAL COST PER TON (July 1, 2023 - June 30, 2024):** \$ \_\_\_\_\_

**Additional Information:**

1. Landfill hours-acceptable times for first load and last load \_\_\_\_\_
2. Maximum number of tons acceptable per day \_\_\_\_\_
3. Is it acceptable to mix rags (from bar screen) into the bio-solids for disposal \_\_\_\_\_
4. Destination tipping site - physical address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The following documents must be included to be considered a responsive bid:**

- 1. Signed and completed bid form**
- 2. Non-Collusion Affidavit**
- 3. E-Verify Affidavit**
- 4. W-9**

The County may award a contract for all or part of the items specified.

I certify that the contents of this bid are known to no one outside the undersigned, and to the best of my knowledge all requirements have been complied with.

Date \_\_\_\_\_ Authorized Signature \_\_\_\_\_

Authorized Signatory E-mail: \_\_\_\_\_

Receipt of the following addendum is acknowledged:

Addendum No. \_\_\_\_\_ Date: \_\_\_\_\_

Addendum No. \_\_\_\_\_ Date: \_\_\_\_\_

**COUNTY OF MOORE  
NON-COLLUSION AFFIDAVIT**

State of North Carolina  
County of Moore

I \_\_\_\_\_, being first duly sworn, deposes and says that:

He/She is the \_\_\_\_\_ of \_\_\_\_\_, the  
Bidder that has submitted the attached bid;

He/She is fully informed respecting the preparation and contents of the attached bid and  
of all pertinent circumstances respecting such bid;

Neither the said Bidder nor any of its officers, partners, owners' agents, representatives,  
employees or parties of interest, including this affiant, has in any way colluded, conspired,  
connived or agreed, directly or indirectly, with any other Bidder, firm or person to submit a  
collusive or sham bid in connection with the contract for which the attached bid has been  
submitted or to refrain from bidding in connection with such contract, or has in any manner,  
directly or indirectly, sought by agreement or collusion or communication or conference with  
any other Bidder or to fix overhead, profit or cost element of the bid price of any other Bidder  
or to secure through collusion, conspiracy, connivance or unlawful agreement any advantage  
against the County of Moore or any person interested in the proposed contract; and,

The price or prices quoted in the attached bid are fair and proper and are not tainted by any  
collusion, conspiracy, connivance or unlawful agreement on the part of the Bidder or any of its  
agents, representatives, owners, employees, or parties in interest, including this affiant.

\_\_\_\_\_  
Title

State of North Carolina  
County of \_\_\_\_\_  
Subscribed and sworn before me,  
This \_\_\_\_\_ day of \_\_\_\_\_, 2022

\_\_\_\_\_  
Notary Public  
My commission expires: \_\_\_\_\_

## Moore County E-Verify Affidavit

STATE OF NORTH CAROLINA

AFFIDAVIT

COUNTY OF MOORE

I, \_\_\_\_\_ (the individual attesting below), being duly authorized by and on behalf of  
\_\_\_\_\_ (the entity bidding on project hereinafter "Employer") after first being duly sworn  
hereby swears or affirms as follows:

1. Employer understands that E-Verify is the federal E-Verify program operated by the United States Department of Homeland Security and other federal agencies, or any successor or equivalent program used to verify the work authorization of newly hired employees pursuant to federal law in accordance with NCGS §64-25(5).
  2. Employer understands that Employers Must Use E-Verify. Each employer, after hiring an employee to work in the United States, shall verify the work authorization of the employee through E-Verify in accordance with NCGS§64-26(a).
  3. Employer is a person, business entity, or other organization that transacts business in this State and that employs 25 or more employees in this State. (mark Yes or No)
    - a. YES \_\_\_\_\_, or
    - b. NO \_\_\_\_\_
  4. Employer's subcontractors comply with E-Verify, and if Employer is the winning bidder on this project Employer will ensure compliance with E-Verify by any subcontractors subsequently hired by Employer.
- Executed, this \_\_\_\_ day of \_\_\_\_\_, 2022.

\_\_\_\_\_  
Signature of Affiant  
Print or Type Name: \_\_\_\_\_

State of North Carolina

County of \_\_\_\_\_

Signed and sworn to (or affirmed) before me, this the \_\_\_\_  
day of \_\_\_\_\_, 2022.

My Commission Expires:

\_\_\_\_\_  
\_\_\_\_\_

Notary Public

(Affix Official/Notarial Seal)



► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC  <input type="checkbox"/> C Corporation  <input type="checkbox"/> S Corporation  <input type="checkbox"/> Partnership  <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____  Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3).  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts not detailed outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

**Part I** Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

**Social security number**

-   -

**or**

**Employer identification number**

-

**Part II**      **Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part III, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

**SAMPLE CONTRACT ONLY – DO NOT COMPLETE**

**STATE OF NORTH CAROLINA**

**CONTRACT FOR SERVICES**

**COUNTY OF MOORE**

This Contract is entered into the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, between the County of Moore, a political subdivision of the State of North Carolina (the “County”), and \_\_\_\_\_, \_\_\_\_\_ (the “Contractor”).

**1. Services to be Provided and Agreed Charges**

The Contractor agrees to provide services and materials (collectively referred to as “Services”) contained in this Contract pursuant to the provisions and specifications identified in Attachment 1, which is incorporated by reference in this Contract. Pursuant to Section 3 of this Contract, the County agrees to pay for Services contained in Attachment 1.

**2. Term of Contract**

The term of this Contract is from \_\_\_\_\_ through \_\_\_\_\_.

This Contract is subject to the availability of funds to purchase the specified Services and may be terminated at any time during the term upon thirty (30) days’ notice if such funds become unavailable.

**3. Payment to Contractor**

During the term of this Contract, the Contractor will receive from the County an amount not to exceed \$\_\_\_\_\_ as full compensation for the provision of services as provided herein. The County agrees to pay at the rates specified for Services, satisfactorily performed or provided, in accordance with this Contract. Unless otherwise specified, the Contractor will submit an itemized invoice to the County by the end of the month during which Services are performed or provided. Payment will be processed promptly upon receipt and approval of the invoice by the County.

**4. Independent Contractor**

The County and Contractor agree that the Contractor is an independent contractor and will not represent itself as an agent or employee of the County for any purpose in the performance of the Contractor’s duties under this Contract. Accordingly, the Contractor will be responsible for payment of all federal, state and local taxes as well as business license fees arising out of the Contractor’s activities in accordance with this Contract. For purposes of this Contract taxes will include, but not be limited to, Federal and State Income, Social Security and Unemployment Insurance taxes.

The Contractor, as an independent contractor, will perform all services in a professional manner and in accordance with the standards of applicable professional organizations and licensing agencies.

**5. Insurance**

The Contractor will maintain Workers’ Compensation Insurance for all of the Contractor’s employees. The Workers’ Compensation Insurance will be in the amounts prescribed by the laws of the State of North Carolina.

The Contractor will maintain, at its expense, the following minimum insurance coverage:

Bodily Injury	\$1,000,000.00 per occurrence
Property Damage	\$100,000.00 per occurrence
Bodily Injury/Property Damage	\$1,000,000.00 combined single limit per occurrence

Professional liability insurance will be required whenever the Contractor is required to be certified, licensed, or registered by a regulatory entity or where the Contractor's error in judgment, planning, design, or etc. could result in economic loss to the County. If professional liability insurance is required, the coverage must provide for no less than \$1,000,000.00 combined single limit per occurrence.

The Contractor agrees to furnish the County proof of compliance with the insurance coverage requirements of this Contract upon request. The Contractor, upon request by the County, will furnish a certificate of insurance from an insurance company, licensed to do business in the State of North Carolina and acceptable to the County, verifying the existence of the insurance coverage required by the County. The certificate will provide for sixty (60) days advance notice in the event of termination or cancellation of coverage.

## **6. Indemnification**

To the fullest extent permitted by law, the Contractor will indemnify and hold harmless the County, its officials, agents, and employees from and against all claims, damages, losses, and expenses, direct, indirect, or consequential (including but not limited to fees and charges of engineers or architects, attorneys, and other professionals and costs related to court action or arbitration) arising out of or resulting from the performance of this Contract or the actions of the Contractor, its officials, employees, or contractors under this Contract or under the contracts entered into by the Contractor in connection with this Contract. This indemnification will survive the termination of this Contract.

## **7. Health and Safety**

The Contractor will be responsible for initiating, maintaining and supervising all safety precautions and programs required by OSHA and all other regulatory agencies while providing Services under this Contract.

## **8. E-Verify**

Pursuant to North Carolina General Statute § 143-133.3, E-verify Compliance, the County may not enter into a contract unless the contractor, and the contractor's subcontractors under the contract, comply with the requirements of Article 2 of Chapter 64 of the General Statutes. The Contractor represents and warrants that it is in compliance with the requirements of Article 2 of Chapter 64 of the General Statutes. Further, the Contractor warrants that any subcontractors used by the Contractor will be in compliance with the requirements of Article 2 of Chapter 64 of the General Statutes.

## **9. Iran Divestment Act Certification**

The Contractor certifies that: (i) the Contractor is not listed on the Final Divestment List created by the State Treasurer pursuant to N.C.G.S. § 147-86.58 (the "Final Divestment List"), and (ii) the Contractor will not utilize any subcontractor performing work under this Contract, which is listed on the Final Divestment List. The Final Divestment List can be found on the State Treasurer's website at the address [www.nctreasurer.com/Iran](http://www.nctreasurer.com/Iran) and should be updated every 180 days.

#### **10. Non-Discrimination in Employment**

The Contractor will not discriminate against any employee or applicant for employment because of age, sex, race, creed, national origin, or disability. In the event the Contractor is determined by the final order of an appropriate agency or court to be in violation of this provision or any non-discrimination provision of federal, state or local law, this Contract may be suspended or terminated, in whole or in part, by the County. In addition, the Contractor may be declared ineligible for further contracts with the County.

#### **11. Governing Law**

The validity of this Contract and any of its terms or provisions, as well as the rights and duties of the parties to this Contract, are governed by the laws of the State of North Carolina. All actions relating to this Contract in any way will be brought in the General Courts of Justice in the County of Moore and the State of North Carolina.

#### **12. Termination of Agreement**

This Contract may be terminated, without cause, by either party upon thirty (30) days written notice to the other party. This termination notice period will begin upon receipt of the notice of termination. Such a termination does not bar either party from pursuing a claim for damages for breach of the Contract.

This Contract may be terminated, for cause, by the non-breaching party notifying the breaching party of a substantial failure to perform in accordance with the provisions of this Contract and if the failure is not corrected within ten (10) days of the receipt of the notification. Upon such termination, the parties will be entitled to such additional rights and remedies as permitted by law.

Termination of this Contract, either with or without cause, will not form the basis of any claim for loss of anticipated profits by either party.

#### **13. Successors and Assigns**

The Contractor will not assign its interest in this Contract without the written consent of the County. The Contractor has no authority to enter into contracts on behalf of the County.

#### **14. Compliance with Laws**

The Contractor represents that it is in compliance with all Federal, State, and local laws, regulations or orders, as amended or supplemented. The implementation of this Contract will be carried out in strict compliance with all Federal, State, or local laws regarding discrimination in employment.

#### **15. Notices**

All notices which may be required by this Contract or any rule of law will be effective when received by certified mail sent to the following addresses:

COUNTY OF MOORE:      MOORE COUNTY  
                                  ATTN: DIRECTOR  
                                  P.O. BOX 905  
                                  CARTHAGE, NC 28327

CONTRACTOR:



#### **16. Audit Rights**

For all Services being provided under this Contract, the County has the right to inspect, examine, and make copies of any and all books, accounts, invoices, records and other writings relating to the performance of those Services. Audits will take place at times and locations mutually agreed upon by both parties. The Contractor must make the materials to be audited available within one (1) week of the request for them.

#### **17. County Not Responsible for Expenses**

The County will not be liable to the Contractor for any expenses paid or incurred by the Contractor unless otherwise agreed in writing.

#### **18. Equipment**

The Contractor will supply, at its sole expense, all equipment, tools, materials, and supplies required to provide contracted Services unless otherwise agreed in writing.

#### **19. Priority of Documents**

In the event of any inconsistency between the Contract and any attachment to the Contract, the Contract will have priority.

#### **20. Severability**

If any provision of this Contract shall be determined to be unenforceable by a court of competent jurisdiction, such determination will not affect any other provision of this Contract.

#### **21. Non-Waiver**

The failure by one party to require performance of any provision of this Contract will not affect that party's right to require performance at any time thereafter or to enforce other remedies available to it by law or under this Contract. In addition, no waiver of any breach or default of this Contract will constitute a waiver of any subsequent breach or default or a waiver of the provision itself.

#### **22. Entire Agreement**

This Contract and Attachment 1 constitute the entire understanding between the parties and supersedes all prior understandings and agreements, whether oral or written, relating to the subject matter hereof.

#### **23. Amendment**

This Contract may only be amended by the written mutual agreement of the parties.

#### **24. Drafted by Both Parties**

This Contract is deemed to have been drafted by both parties and no interpretation will be made to the contrary.

#### **25. Headings**

Subject headings are for convenience only and will not affect the construction or interpretation of any provision.

The parties have expressed their agreement to these terms by causing this Contract to be executed by their duly authorized officers or agents. This Contract is effective as of the date first written above.

**COUNTY OF MOORE**

\_\_\_\_\_  
J. Wayne Vest  
County Manager

**CONTRACTOR**

\_\_\_\_\_  
By: \_\_\_\_\_  
Title: \_\_\_\_\_

**PREAUDIT CERTIFICATE**

This instrument has been preaudited in the manner required by the Local Government Budget and Fiscal Control Act.

\_\_\_\_\_  
Finance Officer

**SCOPE OF SERVICES**

**COUNTY OF MOORE  
NORTH CAROLINA  
REQUEST FOR PROPOSALS**

ISSUE DATE: **June 1, 2022**

RFP#: **2022-15**

TITLE: **WASTEWATER BIO-SOLID TIPPING SERVICES**

ISSUING DEPARTMENT: **County of Moore Financial Services  
Attn: Terra Vuncannon  
206 S. Ray Street  
PO Box 905  
Carthage, NC 28327**

**Sealed Proposals** will be received until **Wednesday, June 15, 2022 at 4:00 pm** from qualified vendors for Wastewater Bio-Solid Tipping Services for the County of Moore Water Pollution control Plant. All inquiries for information concerning Instructions for Proposals, Bid Submission Requirements or Procurement Procedures shall be directed to (in writing):

**Terra Vuncannon, Purchasing Manager  
PO Box 905  
Carthage, NC 28327  
(910) 947-7118 (Telephone)  
[tvuncannon@moorecountync.gov](mailto:tvuncannon@moorecountync.gov)**

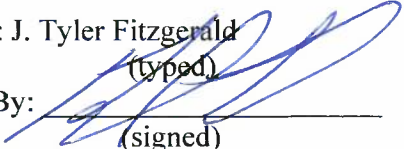
**Sealed Proposals** shall be mailed and/or hand delivered to the Issuing Department shown above, and the envelope shall bear the name and number of this Request for Proposal. It is the sole responsibility of the Bidder to ensure that its bid reaches the Issuing Department by the designated date and hour indicated above. **For your convenience, a Bid Drop-Off Box is located in the lobby at 206 South Ray Street, Carthage, NC 28327.**

**In compliance with the Request for Proposals and to all the terms and conditions imposed herein, the undersigned offers and agrees to furnish the services described in accordance with the attached signed bid.**

Firm Name: Chambers Development of North Carolina DBA Anson County Landfill Date: 06/14/2022

Address: 375 Dozer Drive \_\_\_\_\_ Phone: 704-694-6900

Polkton, NC 28135 \_\_\_\_\_ By: J. Tyler Fitzgerald

By:  (typed)  
(signed)

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## INSTRUCTIONS FOR PROPOSALS

1. **Proposals shall be submitted to the Issuing Department on the enclosed Proposal Form.** In order for a proposal to be considered, it shall be based on the terms, conditions and specifications contained herein and shall be a complete response to this RFP. The County reserves the right to make an award in whole, or in part, and to reject and all proposals, and to waive any informality in proposals unless otherwise specified by the Bidder. The Bidder shall sign the bid correctly and bids may be rejected if they show omissions, alterations of form, additions not called for, conditional bids or any irregularities of any kind.
2. All labor costs, direct and indirect, shall have been determined and included in the proposal. The cost and availability of all equipment, materials, and supplies associated with performing the services described herein shall have been determined and included in the proposal. Do not include sales tax in bid figures. The County pays sales tax and will add this to your bid figures separately when invoices are paid. All price quotes shall include delivery to the delivery point, installation and set-up charges, as necessary. Goods shall be set in place ready for owner's use. All goods shall be new and of average quality. No remanufactured, refurbished or used goods will be accepted. Appropriate product information (e.g. brochures, catalog cuts, etc.) shall be included with the proposal.
3. After the RFP issue date, all communications between the Issuing Department and prospective Bidders shall be in writing. No oral questions shall be accepted. Any inquiries, requests for interpretation, technical questions, clarifications, or additional information shall be directed to Terra Vuncannon at [tvuncannon@moorecountync.gov](mailto:tvuncannon@moorecountync.gov) or at the address listed on page one of this solicitation. All questions concerning this RFP shall reference the RFP number, section and page number. Questions and responses affecting the scope of the goods will be provided to all prospective Bidders by issuance of an Addendum. **All written questions shall be received by the Issuing Department no later than 10:00 am Wednesday, June 8, 2022. NO EXCEPTIONS.**
4. The County will not be responsible for any oral instructions. Should a Bidder find discrepancies in, or omissions from the documents, or should be in doubt as to their meaning, s/he should at once notify the Issuing Department, and a written addendum shall be issued. Acknowledgement of any Addendum received during the time of the bidding shall be noted on the Bid Form in the spaces provided. In closing of a contract, any Addendum issued shall become a part thereof.
5. Proposals will be examined promptly after opening and award will be made at the earliest possible date. The prices quoted must be held firm, and no bids may be withdrawn until **90 days** after bid opening date. The County reserves the right to conduct any test/inspection it may deem advisable to ensure services/materials/supplies/equipment, as appropriate, conform to specifications.
6. Pursuant to North Carolina General Statutes Section 143-129, "award shall be made to the lowest responsible Bidder or Bidders, taking into consideration quality, performance and the time specified in the proposals for the performance of the contract."
7. The materials/supplies/equipment furnished under any resulting contract shall be covered by the manufacturer's most favorable commercial warranty. Each Bidder shall plainly set forth the

warranty for the goods in the bid. Operations and maintenance manuals for equipment shall also be provided, as appropriate.

8. The County of Moore has waived the Bid Deposit.
9. All purchases for goods or services are subject to the availability of funds for this purpose.
10. The General Statutes of the State of North Carolina, insofar as they apply to purchasing and competitive bidding, are made a part hereof.
11. The County of Moore is committed to creating and maintaining an environment free from harassment and other forms of misconduct that fundamentally compromise the working environment of the County. All contractors performing work/services at a County facility shall take all necessary steps to assure that none of its employees engage in harassment or intimidation relating to personal beliefs or characteristics of anyone on the County's premises, including but not limited to, race, religion, age, color, sex, national origin or disability. Such harassment is unacceptable and will not be condoned in any form at the County of Moore. If such conduct occurs, the contractor will take all necessary steps to stop it and prevent its future occurrence. This policy shall be strictly enforced.
12. For all the work being performed under this Contract, the County of Moore has the right to inspect, examine, and make copies of any and all books, accounts, records and other writing relating to the performance of the work. Audits shall take place at times and locations mutually agreed upon by both parties, although the vendor/contractor must make the materials to be audited available within one (1) week of the request for them.
13. The Bidder agrees that it will not identify the County of Moore as a client in any other proposal, resume, or informational brochure without first requesting and obtaining, in writing, the permission of the County of Moore Board of Commissioners.
14. All Bidders must complete and submit the Vendor Application Form, Non-Collusion and E-Verify affidavits with their bid package. This information will be used to create or update the County's bidder/vendor file.
15. The County of Moore reserves the right to reject any and all proposals. It further reserves the right to waive informalities insofar as it is authorized so to do where it deems it advisable in protection of the best interests of the County.
16. Proposals will be tabulated, reviewed and a recommendation presented to the County of Moore Board of Commissioners for their approval.
17. Any and all exceptions to the Specifications must be stated in writing, giving complete details of what is to be furnished in lieu of requested Specifications.
18. The County of Moore reserves the right to cancel and terminate any resulting contract, in whole or in part, without penalty, upon forty-five (45) days notices to the Vendor(s). Any contract cancellation shall not relieve the Vendor(s) of the obligation to deliver any outstanding services issued prior to the effective date of the cancellation.

### **Background and Scope of Work**

In order to maintain compliance, the County of Moore Water Pollution Control Plant is seeking proposals for the tipping of bio-solids for fiscal years 2022-2023 and 2023-2024. Lined landfills and NC state approved composting facilities are acceptable venues. Site should be within 75 miles of the Water Pollution Control Plant located at 1094 Addor Road Aberdeen, NC 28315. An anticipated 4500 tons will be required to be tipped for both fiscal years. 2022 Results for Toxicity Characteristic Leachate Procedure (TCLP) and Polychlorinated biphenyl (PCB) are included in the proposal packet. Also included is the Sludges Excluded from Municipal Solid Waste document.

#### **Specify**

- Landfill hours-acceptable times for first load and last load
- Maximum number of tons acceptable per day
- Is it acceptable to mix rags (from bar screen) into the bio-solids for disposal
- Destination tipping site - physical address



**Meritech, Inc.**  
**Environmental Laboratory**  
Laboratory Certification No. 165

FEB 07 2022

**COPY**

Contact: Connie Flowers  
Client: Moore County WPCP  
1694 Addor Rd  
Aberdeen, NC 28315

Page 1  
Report Date: 2/7/2022  
NPDES#: NC0037509  
P.C. #: 18000149-00  
Date Sample Rcvd: 1/7/2022

Meritech Work Order #: 01072274

Sample: Sludge: 010441 Grab

1/4/2022

**1311 - TCLP Metals**

Parameter	Results	Analysis Date	Det. Limit	Reg. Limit	Method
Arsenic	<0.100 mg/L	1/25/22	0.100	5.0	EPA 200.7
Barium	0.314 mg/L	1/25/22	0.050	100.0	EPA 200.7
Cadmium	<0.020 mg/L	1/25/22	0.020	1.0	EPA 200.7
Chromium	<0.050 mg/L	1/25/22	0.050	5.0	EPA 200.7
Lead	<0.100 mg/L	1/25/22	0.100	5.0	EPA 200.7
Mercury	<0.02 mg/L	1/18/22	0.02	0.2	EPA 245.1
Selenium	<0.100 mg/L	1/25/22	0.100	1.0	EPA 200.7
Silver	<0.050 mg/L	1/25/22	0.050	5.0	EPA 200.7

**TCLP Organics**

Parameter	Results	Analysis Date	Reporting Limit	Method
Volatiles 8260	Attached	1/11/22	-	8260
Semi Vol 8270	Attached	1/15/22	-	8270

**Other Tests**

Parameter	Results	Analysis Date	Reporting Limit	Method
Cyanide, total	<0.500 mg/kg	1/13/22	0.500 mg/kg	EPA 335.4
Sulfide	11.0 mg/kg	1/14/22	10.0 mg/kg	SW 846 9038
Ignitability	Will Not Ignite	1/14/22	-	EPA 1030
Corrosivity (pH)	8.0 S.U.	1/14/22	1.0 - 14.0 S.U.	SM 4500 HB

642 Tanco Road, Reidsville, North Carolina 27320  
tel.(336)342-4748 fax.(336)342-1522





**Meritech, Inc.**  
**Environmental Laboratory**  
Laboratory Certification No. 165

Contact: Connie Flowers  
Client: Moore County WPCP  
1094 Azdor Rd  
Aberdeen, NC 28315

Page 2  
Report Date: 2/7/2022  
NPDES#: NC0037506  
P.O. #: 18000149-00  
Date Sample Rcvd: 1/7/2022

Meritech Work Order # 01072274

Sample: Sludge: 010441 Grab

1/4/2022

**1311 - TCLP Pesticides & Herbicides**

**Pesticide - SW-846 8081A**

<u>Parameter</u>	<u>Results</u>	<u>Analysis Date</u>	<u>Det. Limit</u>	<u>Reg. Limit</u>	<u>Dilution Factor</u>
Endrin	Attached	-	-	-	-
Chlordane	Attached	-	-	-	-
Toxaphene	Attached	-	-	-	-
Methoxychlor	Attached	-	-	-	-
Heptachlor	Attached	-	-	-	-
Lindane	Attached	-	-	-	-

**Herbicides - SW-846 8151A**

<u>Parameter</u>	<u>Results</u>	<u>Analysis Date</u>	<u>Det. Limit</u>	<u>Reg. Limit</u>	<u>Dilution Factor</u>
2,4-D	Attached	-	-	-	-
2,4,5-TP (Silvex)	Attached	-	-	-	-

Meritech Work Order # 01072275

Sample: Sludge: 010442 Grab

1/4/2022

<u>Parameter</u>	<u>Results</u>	<u>Analysis Date</u>	<u>Reporting Limit</u>	<u>Method</u>
PCB	Attached	1/11/22	-	-

Meritech Work Order # 01072276

Sample: Thermal Metal: 0104015 Grab

1/4/22

<u>Parameters</u>	<u>Results</u>	<u>Analysis Date</u>	<u>Reporting Limit</u>	<u>Method</u>
Cadmium, total	<0.002 mg/L	1/19/22	0.002 mg/L	EPA 200.7
Copper, total	0.009 mg/L	1/19/22	0.002 mg/L	EPA 200.7
Nickel, total	0.086 mg/L	1/19/22	0.010 mg/L	EPA 200.7

642 Tamco Road, Reidsville, North Carolina 27320  
tel.(336)342-4748 fax.(336)342-1522



# MERITECH, INC.

Environmental Laboratories

Laboratory Certificate #165

Client: Moore County WPCP  
Project: TCLP  
Client Sample ID: Shedge:0134041  
Sample Collection: 01/04/22  
Meritech Sample ID: 01072274

## 1311 - TCLP Organics

### Volatiles: SW-846 8160

Analysis: 01/11/22  
Analyst: YWV

Extraction: 01/10/22  
Report Date: 01/14/22

Parameter	Result	Units	Det. Limit	Reg. Limit	Dilution Factor
Benzene	< 0.0100	mg/L	0.0100	0.50	10
Carbon Tetrachloride	< 0.0100	mg/L	0.0100	0.50	10
Chlorobenzene	< 0.0100	mg/L	0.0100	100	10
Chloroform	< 0.0100	mg/L	0.0100	5.0	10
1,2-Dichloroethane	< 0.0100	mg/L	0.0100	0.50	10
1,1-Dichloroethene	< 0.0100	mg/L	0.0100	0.70	10
Methyl Ethyl Ketone	< 0.100	mg/L	0.100	200	10
Tetrachloroethylene	< 0.0100	mg/L	0.0100	0.70	10
Trichloroethylene	< 0.0100	mg/L	0.0100	0.50	10
Vinyl Chloride	< 0.0200	mg/L	0.020	0.20	10

### Semi-Volatiles: SW-846 8270

Analysis: 01/19/22  
Analyst: PM

Extraction: 01/19/22  
Report Date: 01/24/22

Parameter	Result	Units	Det. Limit	Reg. Limit	Dilution Factor
1,4-Dichlorobenzene	< 0.100	mg/L	0.100	7.5	10
Dibenzodioxin	< 0.100	mg/L	0.100	0.13	10
Benzodioxin-1,3-butadiene	< 0.100	mg/L	0.100	0.5	10
Hexachlorobutene	< 0.100	mg/L	0.100	1.00	10
o-cresol	< 0.100	mg/L	0.100	200	10
m,p-cresol	< 0.200	mg/L	0.200	300	10
Total cresols	< 0.300	mg/L	0.300	230	10
Nitrobenzene	< 0.100	mg/L	0.100	2.00	10
Pentachlorophenol	< 0.500	mg/L	0.500	100	10
Pyridine	< 0.100	mg/L	0.100	5.0	10
2,4,5-Trichlorophenol	< 0.100	mg/L	0.100	400	10
2,4,6-Trichlorophenol	< 0.100	mg/L	0.100	2.00	10
2,4-Dinitrochlorobenzene	< 0.100	mg/L	0.100	0.13	10

I hereby certify that I have reviewed and approve these data.

*Aminda Hancock*  
Laboratory Representative

642 Tamco Road \* Reidsville, NC 27320  
(336) 342-4748 \* info@meritechlabs.com



**SUMMIT**  
ENVIRONMENTAL TECHNOLOGIES, INC.  
ANALYTICAL LABORATORIES

Summit Environmental Technologies, Inc.  
3316 PINE BL.  
COLUMBIA, SC 29204  
TEL: (803) 733-6711 FAX: (803) 257-4487  
Website: [www.summitenv.com](http://www.summitenv.com)

WQ# 12010902  
Date Reported: 2/4/2022  
Company: Metrick Environmental Laboratories  
Address: 542 Toccoa Rd.  
Reidsville NC 27320  
Received: 1/14/2022  
Project #:

#### TCLP Pesticides Analysis (SW1311/8061)

Client ID#	Lab ID#	Collected Analyte	Rep Limit	Result Units	Matrix	Method	DF	RegLvl	Run	Analyst
010722-74	001	1/4/2022 Chloroform, total	25.0	ND ug/L	Sludge	EPA 80712	10	50.0	2/3/2022	CSS
010722-74	001	1/4/2022 Toxaphene	50.0	ND ug/L	Sludge	EPA 80818	10	50.0	2/3/2022	CSS
010722-74	001	1/4/2022 Endrin	5.00	ND ug/L	Sludge	EPA 80818	10	20.0	2/3/2022	CSS
010722-74	001	1/4/2022 gamma-BHC	5.00	ND ug/L	Sludge	EPA 80818	10	40.0	2/3/2022	CSS
010722-74	001	1/4/2022 Heptachlor	5.00	ND ug/L	Sludge	EPA 80815	10	8.00	2/3/2022	CSS
010722-74	001	1/4/2022 Heptachlor epoxide	5.00	ND ug/L	Sludge	EPA 80815	10	8.00	2/3/2022	CSS
010722-74	001	1/4/2022 Methoxychlor	5.00	ND ug/L	Sludge	EPA 80815	10	10.00	2/3/2022	CSS

#### TCLP Herbicides by EPA 8321B

Client ID#	Lab ID#	Collected Analyte	Rep Limit	Result Units	Matrix	Method	DF	RegLvl	Run	Analyst
010722-74	001	1/4/2022 2,4-D	0.500	ND mg/L	Sludge	EPA 8321B	50	10.0	1/31/2022	RJS
010722-74	001	1/4/2022 2,4,5-TP	0.500	ND mg/L	Sludge	EPA 8321B	50	1.00	1/31/2022	RJS

#### TCLP Pesticides Analysis (SW1311/8061)

Client ID#	Lab ID#	Collected Analyte	Rep Limit	Result Units	Matrix	Method	DF	RegLvl	Run	Analyst
011122-280	002	1/11/2022 Chloroform, total	25.0	ND ug/L	Sludge	EPA 80712	10	50.0	2/3/2022	CSS
011122-280	002	1/11/2022 Toxaphene	50.0	ND ug/L	Sludge	EPA 80818	10	50.0	2/3/2022	CSS
011122-280	002	1/11/2022 Endrin	5.00	ND ug/L	Sludge	EPA 80818	10	20.0	2/3/2022	CSS
011122-280	002	1/11/2022 gamma-BHC	5.00	ND ug/L	Sludge	EPA 80818	10	40.0	2/3/2022	CSS
011122-280	002	1/11/2022 Heptachlor	5.00	ND ug/L	Sludge	EPA 80815	10	8.00	2/3/2022	CSS
011122-280	002	1/11/2022 Heptachlor epoxide	5.00	ND ug/L	Sludge	EPA 80815	10	8.00	2/3/2022	CSS
011122-280	002	1/11/2022 Methoxychlor	5.00	ND ug/L	Sludge	EPA 80815	10	10.00	2/3/2022	CSS

#### TCLP Herbicides by EPA 8321B

Client ID#	Lab ID#	Collected Analyte	Rep Limit	Result Units	Matrix	Method	DF	RegLvl	Run	Analyst
011122-280	002	1/11/2022 2,4-D	0.500	ND mg/L	Sludge	EPA 8321B	50	10.0	1/31/2022	RJS
011122-280	002	1/11/2022 2,4,5-TP	0.500	ND mg/L	Sludge	EPA 8321B	50	1.00	1/31/2022	RJS



# MERITECH, INC.

Environmental Laboratories

A Division of Water Technology and Controls, Inc.

Client:	Morris County	Meritech ID#:	01072375
FO#:	18000149-00	Analysis:	1/11/2022
Client Sample ID:	Sludge: 01040342	Extracted:	1/10/2022
Sample Collection:	1/4/2022 08:15	Analyst:	BT
% Total Solids:	27.4%	Dilution Factor:	5x

## SW-846-8082A PCB's -Sludge

Aroclor 1216	< 0.91	mg/kg
Aroclor 1221	< 0.91	mg/kg
Aroclor 1232	< 0.91	mg/kg
Aroclor 1242	< 0.91	mg/kg
Aroclor 1248	< 0.91	mg/kg
Aroclor 1254	< 0.91	mg/kg
Aroclor 1260	< 0.91	mg/kg

I hereby certify that I have reviewed and approve these data.

*Amanda Harbeck*  
Laboratory Representative

642 Tamco Road \* Roldsville, NC 27820  
(336) 342-4748 Ph \* (336) 342-1522 Fax





Sales and Use Tax Division  
North Carolina Department of Revenue  
Post Office Box 25000  
Raleigh, North Carolina 27640-0001  
[www.dormc.com](http://www.dormc.com)

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**IMPORTANT NOTICE: SLUDGES EXCLUDED FROM MUNICIPAL SOLID WASTE**

N.C. Gen. Stat. § 130A-290(a)(34) defines "sludge" as "any solid, semisolid or liquid waste generated from a municipal, commercial, institutional or industrial wastewater treatment plant, water supply treatment plant or air pollution control facility, or any other waste having similar characteristics and effects."

N.C. Gen. Stat. § 130A-290(a)(18a) provides that "municipal solid waste" means "any solid waste resulting from the operation of residential, commercial, industrial, governmental, or institutional establishments that would normally be collected, processed, and disposed of through a public or private solid waste management service. Municipal solid waste does not include hazardous waste, sludge, industrial waste managed in a solid waste management facility owned and operated by the generator of the industrial waste for management of that waste, or solid waste from mining or agricultural operations."

The Division of Waste Management of the North Carolina Department of Environment and Natural Resources has confirmed that sludges are specifically excluded from the list of wastes that are considered municipal solid waste; therefore, sludges are not subject to the solid waste disposal tax pursuant to N.C. Gen. Stat. § 105-187.61.

Questions about this notice can be directed to the Taxpayer Assistance and Collection Center at telephone number 1-877-252-3052 (toll-free) or in writing to the Taxpayer Assistance Division, North Carolina Department of Revenue, PO Box 25000, Raleigh, NC 27640-0001.

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September 2012

## PROPOSAL FORM

Sealed Proposals will be received until 4:00 pm on Wednesday, June 15, 2022 in Financial Services, County of Moore, 206 S. Ray Street, Carthage, NC 28327. Opening will not be public.

Use this form only for submitting proposals. In submitting your proposal, keep in mind that any alterations, changes in proposal format, etc. will make it difficult to evaluate proposals. All items should be in the units, quantities, units of measurement, etc. specified. Do not submit alternates unless requested. The County of Moore shall reserve the right to reject any or all proposals.

**TOTAL COST PER TON (July 1, 2022 - June 30, 2023):** \$ 28.60/ton (minimum of 1 ton/load)

**TOTAL COST PER TON (July 1, 2023 - June 30, 2024):** \$ 31.03/ton (minimum of 1 ton/load)

### Additional Information:

1. Landfill hours-acceptable times for first load and last load 6:30am-2:00pm Monday-Friday
2. Maximum number of tons acceptable per day \_\_\_\_\_
3. Is it acceptable to mix rags (from bar screen) into the bio-solids for disposal Yes
4. Destination tipping site - physical address Chambers Development of North Carolina,  
Inc. Anson Landfill  
375 Dozer Drive  
Polkton, NC 28135

### The following documents must be included to be considered a responsive bid:

1. Signed and completed bid form
2. Non-Collusion Affidavit
3. E-Verify Affidavit
4. W-9

The County may award a contract for all or part of the items specified.

I certify that the contents of this bid are known to no one outside the undersigned, and to the best of my knowledge all requirements have been complied with.

Date 6/14/2022 Authorized Signature 

Authorized Signatory E-mail: TylerF@wasteconnections.com

Receipt of the following addendum is acknowledged:

Addendum No. 1 Date: 06/09/2022

Addendum No. \_\_\_\_\_ Date: \_\_\_\_\_

**COUNTY OF MOORE  
NON-COLLUSION AFFIDAVIT**

State of North Carolina  
County of Moore


I J. Tyler Fitzgeald, being first duly sworn, deposes and says that:

He/She is the District Manager of Anson County Landfill, the Bidder that has submitted the attached bid;

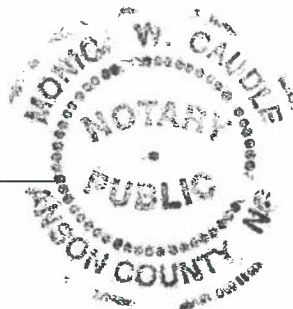
He/She is fully informed respecting the preparation and contents of the attached bid and of all pertinent circumstances respecting such bid;

Neither the said Bidder nor any of its officers, partners, owners' agents, representatives, employees or parties of interest, including this affiant, has in any way colluded, conspired, connived or agreed, directly or indirectly, with any other Bidder, firm or person to submit a collusive or sham bid in connection with the contract for which the attached bid has been submitted or to refrain from bidding in connection with such contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Bidder or to fix overhead, profit or cost element of the bid price of any other Bidder or to secure through collusion, conspiracy, connivance or unlawful agreement any advantage against the County of Moore or any person interested in the proposed contract; and,

The price or prices quoted in the attached bid are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Bidder or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

  
\_\_\_\_\_  
Title

State of North Carolina  
County of Anson  
Subscribed and sworn before me,  
This 15 day of June, 2022  
Monica W Caudle  
\_\_\_\_\_  
Notary Public  
My commission expires: 12-29-24



## Moore County E-Verify Affidavit

STATE OF NORTH CAROLINA

AFFIDAVIT

COUNTY OF MOORE

I, J. Tyler Fitzgerald (the individual attesting below), being duly authorized by and on behalf of  
Anson County Landfill (the entity bidding on project hereinafter "Employer") after first being duly sworn  
hereby swears or affirms as follows:

1. Employer understands that E-Verify is the federal E-Verify program operated by the United States Department of Homeland Security and other federal agencies, or any successor or equivalent program used to verify the work authorization of newly hired employees pursuant to federal law in accordance with NCGS §64-25(5).
2. Employer understands that Employers Must Use E-Verify. Each employer, after hiring an employee to work in the United States, shall verify the work authorization of the employee through E-Verify in accordance with NCGS §64-26(a).
3. Employer is a person, business entity, or other organization that transacts business in this State and that employs 25 or more employees in this State. (mark Yes or No)
  - a. YES X, or
  - b. NO \_\_\_\_\_
4. Employer's subcontractors comply with E-Verify, and if Employer is the winning bidder on this project Employer will ensure compliance with E-Verify by any subcontractors subsequently hired by Employer.

Executed, this 15 day of June, 2022.

  
\_\_\_\_\_  
Signature of Affiant

Print or Type Name: J. Tyler Fitzgerald

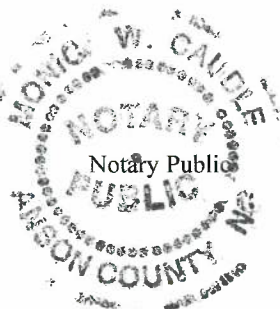
State of North Carolina

County of Anson

Signed and sworn to (or affirmed) before me, this the 15  
day of June, 2022.

My Commission Expires:

Monica Caudle  
12-29-24



(Affix Official/Notarial Seal)



Form

**W-9**(Rev. October 2018)  
Department of the Treasury  
Internal Revenue Service**Request for Taxpayer  
Identification Number and Certification**► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.**Give Form to the  
requester. Do not  
send to the IRS.**Print or type.  
See Specific Instructions on page 3.**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.**Chambers Development of North Carolina, Inc.****2** Business name/disregarded entity name, if different from above**Anson County Landfill****3** Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.☐ Individual/sole proprietor or single-member LLC ☒ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.☐ Other (see instructions) ►**4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

**5** Address (number, street, and apt. or suite no.) See instructions.**3 Waterway Square Place, Suite 110****6** City, state, and ZIP code**The Woodlands, Texas 77380****7** List account number(s) here (optional)

Requester's name and address (optional)

**Part I Taxpayer Identification Number (TIN)**Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.**Social security number**

[ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]

or

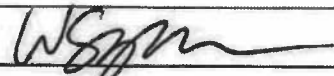
**Employer identification number**

5 2 - 1 4 2 7 5 5 5

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.**Sign  
Here**Signature of  
U.S. person ►

Date ►

6/28/2021

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

**Note:** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

## What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note: ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

### Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual	Individual/sole proprietor or single-member LLC
• Sole proprietorship, or	
• Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	
• LLC treated as a partnership for U.S. federal tax purposes,	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or	
• LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	
• Partnership	Partnership
• Trust/estate	Trust/estate

### Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

#### Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947



The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note:** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

## Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

## Line 6

Enter your city, state, and ZIP code.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note:** See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.SSA.gov](http://www.SSA.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/Businesses](http://www.irs.gov/Businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. Go to [www.irs.gov/Forms](http://www.irs.gov/Forms) to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to [www.irs.gov/OrderForms](http://www.irs.gov/OrderForms) to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.



**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

## What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
5. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee <sup>1</sup> The actual owner <sup>1</sup>
6. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor <sup>4</sup>
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

**\*Note:** The grantor also must provide a Form W-9 to trustee of trust.

**Note:** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

## Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

### Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at [spam@uce.gov](mailto:spam@uce.gov) or report them at [www.ftc.gov/complaint](http://www.ftc.gov/complaint). You can contact the FTC at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see [www.IdentityTheft.gov](http://www.IdentityTheft.gov) and Pub. 5027.

Visit [www.irs.gov/IdentityTheft](http://www.irs.gov/IdentityTheft) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

**SAMPLE CONTRACT ONLY – DO NOT COMPLETE**

**STATE OF NORTH CAROLINA**

**CONTRACT FOR SERVICES**

**COUNTY OF MOORE**

This Contract is entered into the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, between the County of Moore, a political subdivision of the State of North Carolina (the "County"), and \_\_\_\_\_, (the "Contractor").

**1. Services to be Provided and Agreed Charges**

The Contractor agrees to provide services and materials (collectively referred to as "Services") contained in this Contract pursuant to the provisions and specifications identified in Attachment 1, which is incorporated by reference in this Contract. Pursuant to Section 3 of this Contract, the County agrees to pay for Services contained in Attachment 1.

**2. Term of Contract**

The term of this Contract is from \_\_\_\_\_ through \_\_\_\_\_.

This Contract is subject to the availability of funds to purchase the specified Services and may be terminated at any time during the term upon thirty (30) days' notice if such funds become unavailable.

**3. Payment to Contractor**

During the term of this Contract, the Contractor will receive from the County an amount not to exceed \$\_\_\_\_\_ as full compensation for the provision of services as provided herein. The County agrees to pay at the rates specified for Services, satisfactorily performed or provided, in accordance with this Contract. Unless otherwise specified, the Contractor will submit an itemized invoice to the County by the end of the month during which Services are performed or provided. Payment will be processed promptly upon receipt and approval of the invoice by the County.

**4. Independent Contractor**

The County and Contractor agree that the Contractor is an independent contractor and will not represent itself as an agent or employee of the County for any purpose in the performance of the Contractor's duties under this Contract. Accordingly, the Contractor will be responsible for payment of all federal, state and local taxes as well as business license fees arising out of the Contractor's activities in accordance with this Contract. For purposes of this Contract taxes will include, but not be limited to, Federal and State Income, Social Security and Unemployment Insurance taxes.

The Contractor, as an independent contractor, will perform all services in a professional manner and in accordance with the standards of applicable professional organizations and licensing agencies.

**5. Insurance**

The Contractor will maintain Workers' Compensation Insurance for all of the Contractor's employees. The Workers' Compensation Insurance will be in the amounts prescribed by the laws of the State of North Carolina.

The Contractor will maintain, at its expense, the following minimum insurance coverage:

Bodily Injury	\$1,000,000.00 per occurrence
Property Damage	\$100,000.00 per occurrence
Bodily Injury/Property Damage	\$1,000,000.00 combined single limit per occurrence

Professional liability insurance will be required whenever the Contractor is required to be certified, licensed, or registered by a regulatory entity or where the Contractor's error in judgment, planning, design, or etc. could result in economic loss to the County. If professional liability insurance is required, the coverage must provide for no less than \$1,000,000.00 combined single limit per occurrence.

The Contractor agrees to furnish the County proof of compliance with the insurance coverage requirements of this Contract upon request. The Contractor, upon request by the County, will furnish a certificate of insurance from an insurance company, licensed to do business in the State of North Carolina and acceptable to the County, verifying the existence of the insurance coverage required by the County. The certificate will provide for sixty (60) days advance notice in the event of termination or cancellation of coverage.

#### **6. Indemnification**

To the fullest extent permitted by law, the Contractor will indemnify and hold harmless the County, its officials, agents, and employees from and against all claims, damages, losses, and expenses, direct, indirect, or consequential (including but not limited to fees and charges of engineers or architects, attorneys, and other professionals and costs related to court action or arbitration) arising out of or resulting from the performance of this Contract or the actions of the Contractor, its officials, employees, or contractors under this Contract or under the contracts entered into by the Contractor in connection with this Contract. This indemnification will survive the termination of this Contract.

#### **7. Health and Safety**

The Contractor will be responsible for initiating, maintaining and supervising all safety precautions and programs required by OSHA and all other regulatory agencies while providing Services under this Contract.

#### **8. E-Verify**

Pursuant to North Carolina General Statute § 143-133.3, E-verify Compliance, the County may not enter into a contract unless the contractor, and the contractor's subcontractors under the contract, comply with the requirements of Article 2 of Chapter 64 of the General Statutes. The Contractor represents and warrants that it is in compliance with the requirements of Article 2 of Chapter 64 of the General Statutes. Further, the Contractor warrants that any subcontractors used by the Contractor will be in compliance with the requirements of Article 2 of Chapter 64 of the General Statutes.

#### **9. Iran Divestment Act Certification**

The Contractor certifies that: (i) the Contractor is not listed on the Final Divestment List created by the State Treasurer pursuant to N.C.G.S. § 147-86.58 (the "Final Divestment List"), and (ii) the Contractor will not utilize any subcontractor performing work under this Contract, which is listed on the Final Divestment List. The Final Divestment List can be found on the State Treasurer's website at the address [www.nctreasurer.com/Iran](http://www.nctreasurer.com/Iran) and should be updated every 180 days.



#### **10. Non-Discrimination in Employment**

The Contractor will not discriminate against any employee or applicant for employment because of age, sex, race, creed, national origin, or disability. In the event the Contractor is determined by the final order of an appropriate agency or court to be in violation of this provision or any non-discrimination provision of federal, state or local law, this Contract may be suspended or terminated, in whole or in part, by the County. In addition, the Contractor may be declared ineligible for further contracts with the County.

#### **11. Governing Law**

The validity of this Contract and any of its terms or provisions, as well as the rights and duties of the parties to this Contract, are governed by the laws of the State of North Carolina. All actions relating to this Contract in any way will be brought in the General Courts of Justice in the County of Moore and the State of North Carolina.

#### **12. Termination of Agreement**

This Contract may be terminated, without cause, by either party upon thirty (30) days written notice to the other party. This termination notice period will begin upon receipt of the notice of termination. Such a termination does not bar either party from pursuing a claim for damages for breach of the Contract.

This Contract may be terminated, for cause, by the non-breaching party notifying the breaching party of a substantial failure to perform in accordance with the provisions of this Contract and if the failure is not corrected within ten (10) days of the receipt of the notification. Upon such termination, the parties will be entitled to such additional rights and remedies as permitted by law.

Termination of this Contract, either with or without cause, will not form the basis of any claim for loss of anticipated profits by either party.

#### **13. Successors and Assigns**

The Contractor will not assign its interest in this Contract without the written consent of the County. The Contractor has no authority to enter into contracts on behalf of the County.

#### **14. Compliance with Laws**

The Contractor represents that it is in compliance with all Federal, State, and local laws, regulations or orders, as amended or supplemented. The implementation of this Contract will be carried out in strict compliance with all Federal, State, or local laws regarding discrimination in employment.

#### **15. Notices**

All notices which may be required by this Contract or any rule of law will be effective when received by certified mail sent to the following addresses:

COUNTY OF MOORE:      MOORE COUNTY  
                                      ATTN: DIRECTOR  
                                      P.O. BOX 905  
                                      CARTHAGE, NC 28327

CONTRACTOR:

#### **16. Audit Rights**

For all Services being provided under this Contract, the County has the right to inspect, examine, and make copies of any and all books, accounts, invoices, records and other writings relating to the performance of those Services. Audits will take place at times and locations mutually agreed upon by both parties. The Contractor must make the materials to be audited available within one (1) week of the request for them.

#### **17. County Not Responsible for Expenses**

The County will not be liable to the Contractor for any expenses paid or incurred by the Contractor unless otherwise agreed in writing.

#### **18. Equipment**

The Contractor will supply, at its sole expense, all equipment, tools, materials, and supplies required to provide contracted Services unless otherwise agreed in writing.

#### **19. Priority of Documents**

In the event of any inconsistency between the Contract and any attachment to the Contract, the Contract will have priority.

#### **20. Severability**

If any provision of this Contract shall be determined to be unenforceable by a court of competent jurisdiction, such determination will not affect any other provision of this Contract.

#### **21. Non-Waiver**

The failure by one party to require performance of any provision of this Contract will not affect that party's right to require performance at any time thereafter or to enforce other remedies available to it by law or under this Contract. In addition, no waiver of any breach or default of this Contract will constitute a waiver of any subsequent breach or default or a waiver of the provision itself.

#### **22. Entire Agreement**

This Contract and Attachment 1 constitute the entire understanding between the parties and supersedes all prior understandings and agreements, whether oral or written, relating to the subject matter hereof.

#### **23. Amendment**

This Contract may only be amended by the written mutual agreement of the parties.

#### **24. Drafted by Both Parties**

This Contract is deemed to have been drafted by both parties and no interpretation will be made to the contrary.

#### **25. Headings**

Subject headings are for convenience only and will not affect the construction or interpretation of any provision.

The parties have expressed their agreement to these terms by causing this Contract to be executed by their duly authorized officers or agents. This Contract is effective as of the date first written above.

**COUNTY OF MOORE**

\_\_\_\_\_  
J. Wayne Vest  
County Manager

**CONTRACTOR**

\_\_\_\_\_  
By: \_\_\_\_\_  
Title: \_\_\_\_\_

**PREAUDIT CERTIFICATE**

This instrument has been preaudited in the manner required by the Local Government Budget and Fiscal Control Act.

\_\_\_\_\_  
Finance Officer

**SCOPE OF SERVICES**

## BID TABULATION

### RFP# 2022-15 - WASTEWATER BIO-SOLID TIPPING SERVICES

	Chambers Development of NC, Anson Landfill
COST/TON FY 2023	\$28.60
COST/TON FY 2024	\$31.03



**STATE OF NORTH CAROLINA****CONTRACT FOR SERVICES****COUNTY OF MOORE**

This Contract is entered into the 30th day of June, 2022, between the County of Moore, a political subdivision of the State of North Carolina (the "County"), and Chambers Development of North Carolina, Inc., an entity incorporated under the laws of the State of North Carolina, doing business as Anson Landfill (the "Contractor").

**1. SERVICES TO BE PROVIDED AND AGREED CHARGES**

The Contractor agrees to provide services and materials (collectively referred to as "Services") contained in this Contract pursuant to the provisions and specifications identified in Attachment 1, which are incorporated by reference in this Contract. Pursuant to Section 3 of this Contract, the County agrees to pay for Services contained in Attachment 1.

**2. TERM OF CONTRACT**

The term of this Contract is from July 1, 2022 through June 30, 2024.

This Contract is subject to the availability of funds to purchase the specified Services and may be terminated at any time during the term upon thirty (30) days' notice if such funds become unavailable.

**3. PAYMENT TO CONTRACTOR**

During the term of this Contract, the Contractor will receive from the County an amount not to exceed **\$126,000.00 for County fiscal year July 1, 2022 through July 30, 2023 and \$136,532.00 for County fiscal year July 1, 2023 through June 30, 2024**, as full compensation for the provision of services as provided herein. The County agrees to pay at the rates specified for Services, satisfactorily performed or provided, in accordance with this Contract. Unless otherwise specified, the Contractor will submit an itemized invoice to the County by the end of the month during which Services are performed or provided. Payment will be processed promptly upon receipt and approval of the invoice by the County.

**4. INDEPENDENT CONTRACTOR**

The County and Contractor agree that the Contractor is an independent contractor and will not represent itself as an agent or employee of the County for any purpose in the performance of the Contractor's duties under this Contract. Accordingly, the Contractor will be responsible for payment of all federal, state and local taxes as well as business license fees arising out of the Contractor's activities in accordance with this Contract. For purposes of this Contract taxes will include, but not be limited to, Federal and State Income, Social Security and Unemployment Insurance taxes.

The Contractor, as an independent contractor, will perform all services in a professional manner and in accordance with the standards of applicable professional organizations and licensing agencies.

## **5. INSURANCE**

The Contractor will maintain Workers' Compensation Insurance for all of the Contractor's employees. The Workers' Compensation Insurance will be in the amounts prescribed by the laws of the State of North Carolina.

The Contractor will maintain, at its expense, the following minimum insurance coverage:

Commercial General Liability	\$1,000,000.00 per occurrence
Employer's Liability	\$1,000,000.00 each accident
	\$1,000,000.00 per disease
	\$1,000,000.00 each employee
Umbrella Coverage	\$5,000,000.00

The Contractor agrees to furnish the County proof of compliance with the insurance coverage requirements of this Contract upon request. The Contractor, upon request by the County, will furnish a certificate of insurance from an insurance company, licensed to do business in the State of North Carolina and acceptable to the County, verifying the existence of the insurance coverage required by the County. The certificate will provide for sixty (60) days advance notice in the event of termination or cancellation of coverage.

## **6. INDEMNIFICATION**

To the fullest extent permitted by law, the Contractor will indemnify and hold harmless the County, its officials, agents, and employees from and against all claims, damages, losses, and expenses, direct, indirect, or consequential (including but not limited to fees and charges of engineers or architects, attorneys, and other professionals and costs related to court action or arbitration) arising out of or resulting from the performance of this Contract or the actions of the Contractor, its officials, employees, or contractors under this Contract or under the contracts entered into by the Contractor in connection with this Contract. This indemnification will survive the termination of this Contract.

## **7. HEALTH AND SAFETY**

The Contractor will be responsible for initiating, maintaining and supervising all safety precautions and programs required by OSHA and all other regulatory agencies while providing Services under this Contract.

## **8. E-VERIFY**

Pursuant to North Carolina General Statute § 143-133.3, E-verify Compliance, the County may not enter into a contract unless the contractor, and the contractor's subcontractors under the contract, comply with the requirements of Article 2 of Chapter 64 of the General Statutes. The Contractor represents and warrants that it is in compliance with the requirements of Article 2 of Chapter 64 of the General Statutes. Further, the Contractor warrants that any subcontractors used by the Contractor will be in compliance with the requirements of Article 2 of Chapter 64 of the General Statutes.

## **9. IRAN DIVESTMENT ACT**

The Contractor certifies that: (i) the Contractor is not listed on the Final Divestment List created by the State Treasurer pursuant to N.C.G.S. § 147-86.58 (the "Final Divestment List"). The Final Divestment List

can be found on the State Treasurer's website at the address <https://www.nctreasurer.com/office-state-treasurer/divestment-and-do-not-contract-rules>. Any contract in violation of this Act is void.

#### **10. DIVESTMENT FROM COMPANIES BOYCOTTING ISRAEL ACT**

This Contractor certifies that the Contractor is not identified as an entity by the North Carolina Secretary of State that is engaged in a boycott of the State of Israel pursuant to NCGS, Article 6G, Chapter 147. The Final Divestment List can be found on the State Treasurer's website at <https://www.nctreasurer.com/office-state-treasurer/divestment-and-do-not-contract-rules>. Any contract in violation of this Act is void.

#### **11. NON-DISCRIMINATION IN EMPLOYMENT**

The Contractor will not discriminate against any employee or applicant for employment because of age, sex, race, creed, national origin, or disability. In the event the Contractor is determined by the final order of an appropriate agency or court to be in violation of this provision or any non-discrimination provision of federal, state or local law, this Contract may be suspended or terminated, in whole or in part, by the County. In addition, the Contractor may be declared ineligible for further contracts with the County.

#### **12. GOVERNING LAW**

The validity of this Contract and any of its terms or provisions, as well as the rights and duties of the parties to this Contract, are governed by the laws of the State of North Carolina. All actions relating to this Contract in any way will be brought in the General Courts of Justice in the County of Moore and the State of North Carolina.

#### **13. TERMINATION OF AGREEMENT**

This Contract may be terminated, without cause, by either party upon thirty (30) days written notice to the other party. This termination notice period will begin upon receipt of the notice of termination. Such a termination does not bar either party from pursuing a claim for damages for breach of the Contract.

This Contract may be terminated, for cause, by the non-breaching party notifying the breaching party of a substantial failure to perform in accordance with the provisions of this Contract and if the failure is not corrected within ten (10) days of the receipt of the notification. Upon such termination, the parties will be entitled to such additional rights and remedies as permitted by law.

Termination of this Contract, either with or without cause, will not form the basis of any claim for loss of anticipated profits by either party.

#### **14. SUCCESSORS AND ASSIGNS**

The Contractor will not assign its interest in this Contract without the written consent of the County. The Contractor has no authority to enter into contracts on behalf of the County.

#### **15. COMPLIANCE WITH LAWS**

The Contractor represents that it is in compliance with all Federal, State, and local laws, regulations or orders, as amended or supplemented. The implementation of this Contract will be carried out in strict compliance with all Federal, State, or local laws regarding discrimination in employment.

## **16. NOTICES**

All notices which may be required by this Contract or any rule of law will be effective when received by certified mail sent to the following addresses:

COUNTY OF MOORE: MOORE COUNTY PUBLIC WORKS  
ATTN: RANDY GOULD, DIRECTOR  
P.O. BOX 905  
CARTHAGE, NC 28327

CONTRACTOR: CHAMBERS DEVELOPMENT OF NORTH CAROLINA, INC.  
ATTN: LEGAL  
3 WATERWAY SQUARE PLACE, SUITE 110  
THE WOODLANDS, TX 77380

## **17. AUDIT RIGHTS**

For all Services being provided under this Contract, the County has the right to inspect, examine, and make copies of any and all books, accounts, invoices, records and other writings relating to the performance of those Services. Audits will take place at times and locations mutually agreed upon by both parties. The Contractor must make the materials to be audited available within one (1) week of the request for them.

## **18. COUNTY NOT RESPONSIBLE FOR EXPENSES**

The County will not be liable to the Contractor for any expenses paid or incurred by the Contractor unless otherwise agreed in writing.

## **19. EQUIPMENT**

The Contractor will supply, at its sole expense, all equipment, tools, materials, and supplies required to provide contracted Services unless otherwise agreed in writing.

## **20. PRIORITY OF DOCUMENTS**

In the event of any inconsistency between the Contract and any attachment to the Contract, the Contract will have priority.

## **21. SEVERABILITY**

If any provision of this Contract shall be determined to be unenforceable by a court of competent jurisdiction, such determination will not affect any other provision of this Contract.

## **22. NON-WAIVER**

The failure by one party to require performance of any provision of this Contract will not affect that party's right to require performance at any time thereafter or to enforce other remedies available to it by law or under this Contract. In addition, no waiver of any breach or default of this Contract will constitute a waiver of any subsequent breach or default or a waiver of the provision itself.

### 23. ENTIRE AGREEMENT

This Contract and Attachment 1 constitute the entire understanding between the parties and supersedes all prior understandings and agreements, whether oral or written, relating to the subject matter hereof.

### 24. AMENDMENT

This Contract may only be amended by the written mutual agreement of the parties.

### 25. DRAFTED BY BOTH PARTIES

This Contract is deemed to have been drafted by both parties and no interpretation will be made to the contrary.

### 26. HEADINGS

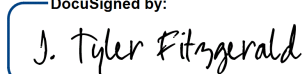
Subject headings are for convenience only and will not affect the construction or interpretation of any provision.

The parties have expressed their agreement to these terms by causing this Contract to be executed by their duly authorized officers or agents. This Contract is effective as of the date first written above.

COUNTY OF MOORE

CHAMBERS DEVELOPMENT OF NC, INC.

\_\_\_\_\_  
Francis R. Quis, Jr., Chairman  
Board of Commissioners

DocuSigned by:  
  
7ADDAA7DD1D6434...  
\_\_\_\_\_  
J. Tyler Fitzgerald  
District Manager

ATTEST:

\_\_\_\_\_  
Laura M. Williams  
Clerk to the Board

### PREAUDIT CERTIFICATE

This instrument has been preaudited in the manner required by the Local Government Budget and Fiscal Control Act.

DocuSigned by:  
  
1559291633E944E...  
\_\_\_\_\_  
Caroline Xiong  
Finance Officer



## SCOPE OF SERVICES

1. The Contractor agrees to accept up to 4,500tons of bio-solid sludge waste annually from County's Water Pollution Control Plant, which is located at 1094 Addor Road, Aberdeen, North Carolina, and to dispose of the sludge waste at the Anson Landfill, which is located at 375 Dozer Drive, Polkton, North Carolina. Waste materials will be delivered between the hours of 6:30am and 2:00pm, Monday through Friday. All loads must be spaced at least one hour apart. The County may mix rags (from bar screen) into the bio-solids for disposal.
2. The Contractor will invoice the County at the rate of \$28.60 per ton for services provided from July 1, 2022 through June 30, 2023. The Contractor will invoice the County at a rate of \$31.03 per ton for services provided from July 1, 2023 through June 30, 2024.
3. Waste Material/Disposal Rights. The County shall have the right to dispose of solid waste and/or approved special waste at the Disposal Facility during the term of this Contract, pursuant to the terms and conditions of this Contract. The term "Disposal Facility" shall mean any landfill, transfer station or other location used by the Contractor to transfer, process, or otherwise dispose of such waste. The term "solid waste" means any garbage, refuse or rubbish resulting from Residential, Industrial or Commercial activities, but shall not include any infectious waste, hazardous waste, radioactive, volatile, corrosive, highly flammable, explosive, biomedical, infectious, biohazardous, toxic or hazardous material, as defined by applicable federal, state or local laws or regulations ("Excluded Waste"), or any garbage, refuse or rubbish which is required by any governmental authority or by its general nature to be handled or disposed of other than in accordance with the Disposal Facility's normal operating procedures as exist on the date hereof. The term "hazardous waste" means waste, materials, substances or sludges (a) listed or characterized as "hazardous" in the Resource, Conservation and Recovery Act of 1976, the Comprehensive Environmental Response, Compensation and Liability Act, the Toxic Substances Control Act, the Occupational Health and Safety Act, any comparable state or local law, and all rules and regulations promulgated under any of the foregoing, each as amended, including future amendments thereto, excluding minimal quantities of such material typically found in municipal and household refuse which are permissible for disposal at the Disposal Facility under applicable laws or (b) otherwise restricted under all governmental licenses, permits and approvals required for the operation of the Disposal Facility as currently operated.
4. Special Wastes. The term "special waste" shall be defined as any liquid, semi-solid, solid, gaseous material and associated containers generated as a direct result of an industrial, manufacturing or processing operation; any chemically or petroleum contaminated soil or material; any waste water treatment sludge or residue; any asbestos containing material; any waste classified as "special waste" or regulated by a State or other regulatory agency; any medical or infectious waste; incinerator ash; agricultural byproduct waste or any waste generated by the oil and gas industry.
5. Measurement. The weight of all waste materials shall be measured in wet tons. The rate based on cubic yards shall be determined based on the full rated capacity of each vehicle delivering such solid waste (regardless of whether the vehicle is only partially full). The rate based on tonnage shall be the actual weight of the disposal materials (either tare weights will be used or the transporting vehicle must weigh in and out).
6. Extraordinary Levies. Notwithstanding any other provision to the contrary contained herein, in the event that during the term of this Contract there is levied upon the Contractor or upon the operations of the Disposal Facility any extraordinary tax, assessment, fee or charge by any governmental

## ATTACHMENT 1

authority or substantial change in regulatory disposal facilities, fuel increases or the waste disposal business which includes the Disposal Facility, which tax, assessment, fee or charge increases in a material manner the Disposal Facility's annual cost to operate the Disposal Facility over the Disposal Facility's costs of operation of the Disposal Facility for the immediately preceding calendar year, the County will be notified and the parties may either amend the Contract to reflect the changes in costs or terminate the Contract.

7. Unacceptable Waste. If the County delivers to the Disposal Facility any material which does not conform to the definition of solid waste under this Contract or to the requirements of any applicable law, regulation, rule or order (including, without limitation, any Excluded Waste), or any special waste not approved for disposal by the Contractor, the County shall, at the Contractor's request, promptly make available at the Disposal Facility a vehicle suitable for transporting nonconforming material, and the County will coordinate prompt loading of nonconforming material on the vehicle, and the County shall promptly remove such nonconforming material from the Disposal Facility. The County shall also be responsible for increased inspection, testing, study and analysis costs made necessary due to reasonable concerns of the Contractor as to the content of the waste following the discovery of potentially unacceptable waste.
8. The Contractor shall issue a ticket to each vehicle delivering solid waste to the Disposal Facility. The ticket shall show the date, vehicle number (or other positive identification), and quantity of solid waste to establish charges. This ticket, once accepted by the County, shall be conclusive as to the charges owed by the County to the Contractor. The County agrees to pay such charges due and owing hereunder to the Contractor, upon receipt of the invoice. In the event that any amount is overdue, the Contractor may terminate this Contract.
9. The County is responsible for all taxes, fees, or other charges imposed by federal, state, or local laws and regulations.

**Certificate Of Completion**

Envelope Id: 9FE5F5E77E7B4A26A8F8DB12A85640FB

Status: Sent

Subject: Please DocuSign: Chambers Development of NC FY23 Final Contract 22-0326 PW.pdf

Source Envelope:

Document Pages: 7

Signatures: 2

Envelope Originator:

Certificate Pages: 6

Initials: 0

Melinda Hill

AutoNav: Enabled

mhill@moorecountync.gov

Envelopeld Stamping: Enabled

IP Address: 184.2.42.2

Time Zone: (UTC-05:00) Eastern Time (US &amp; Canada)

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Status: Original

Holder: Melinda Hill

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mhill@moorecountync.gov

**Signer Events****Signature****Timestamp**

Randy Gould

**Completed**

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rgould@moorecountync.gov

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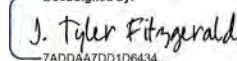
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J. Tyler Fitzgerald

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j.fitzgerald@wasteconnections.com

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Security Level: Email, Account Authentication  
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Caroline Xiong

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1559291633E944E...

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cxiong@moorecountync.gov

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Security Level: Email, Account Authentication  
(None)

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Laura Williams

clerktoboard@moorecountync.gov

Security Level: Email, Account Authentication  
(None)**Electronic Record and Signature Disclosure:**

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**In Person Signer Events****Signature****Timestamp**

In Person Signing Host:

Laura Williams

clerktoboard@moorecountync.gov

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In Person Signer:

Francis R. Quis, Jr., Chairman

Security Level: In Person

In Person Signer Events	Signature	Timestamp
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Editor Delivery Events	Status	Timestamp
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Agent Delivery Events	Status	Timestamp
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Intermediary Delivery Events	Status	Timestamp
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Certified Delivery Events	Status	Timestamp
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Carbon Copy Events	Status	Timestamp
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Caroline Xiong

cxiong@moorecountync.gov

Security Level: Email, Account Authentication  
(None)

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Laura Williams

clerktoboard@moorecountync.gov

Clerk to the Board

County of Moore

Security Level: Email, Account Authentication  
(None)

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Melinda Hill

mhill@moorecountync.gov

Law Office Manager

Moore County, County Attorney's Office

Security Level: Email, Account Authentication  
(None)

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Misty Leland

mistyleland@moorecountync.gov

County Attorney

County of Moore

Security Level: Email, Account Authentication  
(None)

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Samuel Ring

sring@moorecountync.gov

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Terra Vuncannon

tvuncannon@moorecountync.gov

Purchasing Coordinator

Moore County

Security Level: Email, Account Authentication  
(None)

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Carbon Copy Events	Status	Timestamp
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Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Envelope Sent	Hashed/Encrypted	6/30/2022 12:04:09 PM
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Payment Events	Status	Timestamps
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You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: [cbutts@moirecountync.gov](mailto:cbutts@moirecountync.gov)

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To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at [cbutts@moirecountync.gov](mailto:cbutts@moirecountync.gov) and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..

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**Required hardware and software**

Operating Systems:	Windows® 2000, Windows® XP, Windows Vista®; Mac OS® X
Browsers:	Final release versions of Internet Explorer® 6.0 or above (Windows only); Mozilla Firefox 2.0 or above (Windows and Mac); Safari™ 3.0 or above (Mac only)
PDF Reader:	Acrobat® or similar software may be required to view and print PDF files
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	Allow per session cookies

\*\* These minimum requirements are subject to change. If these requirements change, you will be asked to re-accept the disclosure. Pre-release (e.g. beta) versions of operating systems and browsers are not supported.

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Agenda Item: VIII.G.  
Meeting Date: August 2, 2022

**MEMORANDUM TO THE MOORE COUNTY BOARD OF COMMISSIONERS:**

**FROM:** George T. Smith, III, Attorney with Nexsen Pruet

**DATE:** July 26, 2022

**SUBJECT:** USGA Incentive Agreement amendment #1

**PRESENTER:** George T. Smith, III, Attorney with Nexsen Pruet

**REQUEST:** This is a request for the Board to approve the attached Amendment #1 to the USGA Incentive Agreement.

**BACKGROUND:** In 2021, the County entered into an Economic Development Incentive Agreement with the United States Golf Association (USGA). Since then, USGA has announced that the World Golf Hall of Fame will be relocating from Florida to Moore County and will be located within USGA's new facility in the County. Therefore, administrative amendments are required to the previously-executed Economic Development Incentive Agreement.

**FINANCIAL IMPACT:** None

**IMPLEMENTATION PLAN:** None

**RECOMMENDATION SUMMARY:** Make a motion to approve the attached Amendment #1 to the USGA Incentive Agreement.

**ATTACHMENTS:**  
Amendment #1 to the USGA Incentive Agreement.

Agenda Item: IX.A.  
Meeting Date: 08/02/2022

**MEMORANDUM TO THE MOORE COUNTY BOARD OF COMMISSIONERS:**

**FROM:** Laura M. Williams, Clerk  
**DATE:** 07/26/2022  
**SUBJECT:** Appointments / Transportation Advisory Board

**REQUEST:**

Appoint new member to the Transportation Advisory Board.

**BACKGROUND:**

Ms. Dana Redfern with Drug Free Moore County has made application for appointment to the Transportation Advisory Board and is recommended by staff.

**IMPLEMENTATION PLAN:**

Clerk will make notification of appointment and update records.

**RECOMMENDATION SUMMARY:**

Make a motion to appoint Dana Redfern to the Transportation Advisory Board for a three-year term expiring July 31, 2025.

**ATTACHMENTS:**

Application



**MOORE COUNTY**  
**ADVISORY BOARD/COMMITTEE APPOINTMENT APPLICATION**

The Moore County Board of Commissioners encourages you to participate in Moore County government by serving on an advisory board/committee to assist the County Commissioners in making effective decisions concerning local issues and projects which will improve the quality of life in our community. If you would like to be considered for appointment to a board/committee, please complete this form and forward it, along with any relevant attachments (such as a resume) to: **County of Moore, Attention: Laura M. Williams, Clerk, P.O. Box 905, Carthage, NC 28327**, or email it to [clerktoboard@moorecountync.gov](mailto:clerktoboard@moorecountync.gov). The form may also be completed online via the County website: [www.moorecountync.gov/board-of-commissioners](http://www.moorecountync.gov/board-of-commissioners). Additional information is also available on the County website or by calling **910-947-6403** or emailing the Clerk. *Please note the information submitted may be public record.*

Please select from the following boards/committees on which you are interested in serving. If you are interested in more than one, please numerically rank.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> ABC Board                          | <input type="checkbox"/> Fire Commission                    | <input type="checkbox"/> Planning Board                           |
| <input type="checkbox"/> Aging Advisory Council             | <input type="checkbox"/> Human Resources Appeals Committee  | <input type="checkbox"/> Sandhills Center Area Board              |
| <input type="checkbox"/> Airport Authority                  | <input type="checkbox"/> Jury Commission                    | <input type="checkbox"/> Social Services Board                    |
| <input type="checkbox"/> Animal Cruelty Investigator        | <input type="checkbox"/> Juvenile Crime Prevention Council  | <input type="checkbox"/> Subdivision Review Board                 |
| <input type="checkbox"/> Board of Adjustment                | <input type="checkbox"/> Library Trustees                   | <input type="checkbox"/> Tax Equalization & Review Board          |
| <input type="checkbox"/> Board of Health                    | <input type="checkbox"/> Local Emergency Planning Committee | <input checked="" type="checkbox"/> Transportation Advisory Board |
| <input type="checkbox"/> Community College Trustees         | <input type="checkbox"/> Nursing/Adult Care Home CAC        | <input type="checkbox"/> Voluntary Agricultural District Board    |
| <input type="checkbox"/> Convention & Visitors Bureau Board | <input type="checkbox"/> Parks & Recreation Advisory Board  | <input type="checkbox"/> Workforce Development Board              |
| <input type="checkbox"/> Digital Inclusion Task Force       |   |   |

**NAME:** Dana Redfern **ARE YOU A MOORE COUNTY RESIDENT?** ☒ YES ☐ NO

**MAILING ADDRESS:** 112 Dundee Dr, Carthage NC

**PREFERRED PHONE:** 910-603-1750 **EMAIL:** drugfreemc3@gmail.com

**OCCUPATION / BACKGROUND QUALIFICATIONS:**

Peer Support Specialist, Recovery Coach for Drug Free Moore County. Have been in this work for 3 years.

**SIGNATURE:**

eSigned via SeamlessDocs.com  
*Dana Redfern*

**DATE:** 06/30/2022